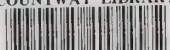
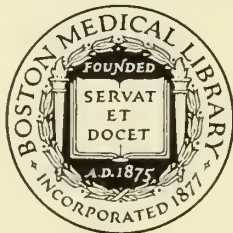


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Maine Medical Association meets in Houlton, June, 1923

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# THE JOURNAL

BOSTON MEDICAL  
ASSOCIATION  
OF



THE

## Maine Medical Association.

The Official Organ of the State and County Medical Societies.

VOL. XIII, No. 1.

AUGUST, 1922.

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# THE JOURNAL

OF THE

## Maine Medical Association.

Published under direction of the Council of the Maine Medical Association.

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VOL. XIII.

AUGUST, 1922.

No. 1

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### TRANSCRIPT OF PROCEEDINGS AT THE SEVENTIETH ANNUAL MEETING OF THE MAINE MEDICAL ASSOCIATION.

HELD AT PORTLAND, ME., JUNE 26, 27 AND 28, 1922.

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#### First Meeting of House of Delegates.

FALMOUTH HOTEL, MONDAY EVENING, JUNE 26, 1922.

The meeting was called to order by President-elect Snipe immediately following dinner in the State of Maine room.

Roll-call by the Secretary.

THE PRESIDENT-ELECT: The next in regular order of business would be the reports of various officers and committees, the most of which have been printed in the JOURNAL. The reports of the Secretary, Treasurer and Councilors, also the delegates, have been printed, and to expedite matters, unless there is objection, would it meet with your approval if these reports were referred to the Committee on Resolutions?

Thereupon, on motion by Dr. Webber, duly seconded, the reports were referred to the Committee on Resolutions.

THE PRESIDENT-ELECT: I believe, Mr. Chairman, there has been no report of the Committee on Venereal Diseases printed.

DR. WHITTIER: Is that report in order to make?

THE PRESIDENT-ELECT: That would be the next. Will you excuse me one moment, doctor? Will you be good enough, gentlemen, when you rise to make a motion to announce your name and residence, to assist the stenographer?

## REPORT OF COMMITTEE ON VENEREAL DISEASES AND THEIR PREVENTION.

*Mr. President and Members of the House of Delegates:*

The Committee on Venereal Diseases and their Prevention makes its eleventh annual report.

The Committee is aware that this report should have been submitted earlier and opportunity given for publishing it in the JOURNAL. This delay is not the fault of your Secretary, for the chairman received proper notice from him over two months ago. The committee feels, therefore, that an expression is due you.

At the time the Secretary's notice was received, the chairman of this committee was suffering from an attack of articular rheumatism, with complications, one of which, according to report, was double or perhaps triple pneumonia. At the same time another member of the committee was in the South and the third member had his hands full in attendance upon a country practice.

During the past year the work of the committee has been along the lines of the plan given in the 1921 report.

In working out and carrying on its program, your committee has been careful not to attempt to duplicate any of the excellent work carried on by the State Department of Health, and, realizing the extent of the field, has abandoned whatever lines of effort the State Department was able to cover. Following out this plan, your committee has given up all legislative activities and all statistical work, believing that the State Department can carry on these activities more cheaply and efficiently.

Your committee has decided that, taking all things into consideration, the following activities offer the best opportunities for it to do effective work in Maine.

1. The plan of obtaining from School Superintendents the addresses of fathers of boys of grammar school age and then sending to these fathers carefully worded individual letters, accompanied with pamphlets of information. The letter suggests the duty of the father of arranging for his son to receive proper instruction in sexual hygiene.

2. A second activity, undertaken by your committee in 1916, of sending letters and literature to the members of the National Guard of Maine has been carried on continuously, except for the period of the world war. Dr. Belfield's pamphlet has been used, accompanied by an individual letter. A letter of appreciation from General Presson was published in the 1921 report.

3. The third activity consists of an attempt to reach the leaders of Maine Boys. The distribution of literature to the young men of the senior classes of the Maine High Schools and academies has been carried on to a limited extent, when it could be done with the co-operation of the principals and school authorities. Work with Boy Scout organizations, with the co-operation of the Scoutmasters, has promised good results. Meetings of the leaders of the Y. M. C. A.,

in conventions and camps, have furnished opportunities that have been appreciated of reaching the leaders of Maine boys.

The committee asks to be continued, and that the usual appropriation of \$25.00 be granted.

Following is the financial report for the year ending June, 1922:

RECEIPTS.	
Maine Medical Association,	\$25.00
Bowdoin College,	50.00
Interest, Savings bank deposit,	2.78
	<hr/>
	\$ 77.78
Balance on hand, June, 1921,	297.39
	<hr/>
	\$375.17
EXPENDITURES.	
Printing, a, b, c,	\$18.95
Postage,	4.20
Express,	.71
Clerical work, a, b, c, d, e,	45.50
Stationery,	2.50
The American Social Hygiene Association,	2.00
	<hr/>
	\$73.86
Balance on hand, June, 1922,	301.31
	<hr/>
	\$375.17
Respectfully submitted,	
F. N. WHITTIER,	
A. L. STANWOOD,	
E. E. HOLT.	
Approved by Council, June 26, 1922.	
W. E. Kershner,	
F. H. Badger,	
C. H. Burgess,	
C. B. Sylvester,	
E. V. Call.	

DR. WHITTIER: Now I have here the report, Mr. Chairman, and the vouchers, and I would like to have the financial part of it referred to the Councilors.

Thereupon, on motion, duly seconded, it was voted to refer the report to the Committee on Resolutions, and the financial part to the Councilors.

THE PRESIDENT-ELECT: At this time I take the opportunity to present to you a gentleman who has been formerly Secretary of the Board of Health of Tennessee, and now the Traveling Secretary of the American Medical Association, Dr. Olin West. [Applause.]

DR. WEST: Mr. Chairman, I am very grateful to you, sir, and to the Board of Councilors and members of the House of Delegates for this courtesy. I am very grateful for the opportunity of being present

at this meeting of the Maine State Medical Association at the invitation of your very efficient Secretary, Dr. Bryant, with whom it has been my pleasure to come in contact as a fellow State Secretary. I was the Secretary of the Tennessee State Medical Association for about ten years, and I know something of the trials, tribulations and turmoils of the secretary of a state medical association. I am glad to be able to say to you, from a close observation of your Secretary, that he has very effectively held up the standard of the Maine State Medical Association on all occasions and under all circumstances, in many places where it has been my pleasure to meet him.

I come here representing the American Medical Association, on the very kind invitation as indicated, not with any idea whatsoever of bringing you anything, but with the very sincere hope that I shall be able to learn something here which I may pass on for the benefit of other state medical associations. I have already learned one or two things. This stunt of feeding the Councilors and the delegates is one of the best stunts I know anything about. I heard of an old lady once, Mr. President, down in my country, who couldn't get along with her husband. They were always fussing and fighting, and right next door to her was a man, with his wife, who lived in peace and harmony—not a cloud upon the sky. So the old lady that had such rough sailing decided that she would go over and ask her neighbor how she did it. "Why," she said, "I just feed the brute," and I believe there is a great deal in it. I am going to pass the suggestion that I have gotten here to-night on to other state medical associations, to feed them and then let them meet, and I believe we will get more harmonious action and probably better action.

I am gratified especially to note in the JOURNAL, which Dr. Bryant was kind enough to hand me, that there is a report here from every Councilor. The Council, Mr. Chairman, is one of the most important parts of the machinery of medical organization in this country. As a matter of fact, it is the fifth wheel and the balance wheel of the machine, and in a great many states the Council is not functioning as it ought to do. I attended a state medical association meeting not long ago in which there were fourteen Councilor Districts. There were six Councilor reports in the Secretary's hands at the time of the meeting, and when he made mention of the fact, several Councilors got up and said they could not understand what there was that they could tell the Secretary that he did not already know. The trouble was that they did not have any conception of what a Councilor is for. I believe, Mr. Chairman, and my observation and study of medical organization leads me to the conviction, that the lack of functioning of our Council in

the state medical association is the reason for a great many of the troubles and difficulties that have been encountered within the recent past.

I will not take up your time further, Mr. Chairman. I wish again to express my appreciation of your courtesies and my pleasure at being here. [Applause.]

THE PRESIDENT-ELECT: Next in order is the unfinished business coming over from last year. I will call on the Secretary to tell us on what we will have to take action.

SECRETARY BRYANT: The first matter to be taken up is the resolution or vote which had to lie over, as it was an amendment to the Constitution about ex-presidents coming in as delegates *ex officio*. That was placed before the House of Delegates last year and referred to this House of Delegates for action, and it simply requires a vote from the House to confirm the action of the delegates of last year, and then automatically all our ex-presidents come in as delegates.

THE PRESIDENT-ELECT: Mr. Secretary, will you read the resolution which requires our action.

(Resolution read.).

On motion by Dr. E. S. Cummings, of Portland, duly seconded, it was voted that the above change in the Constitution be adopted.

THE PRESIDENT-ELECT: Is there any other unfinished business?

THE SECRETARY: No.

THE PRESIDENT-ELECT: We are now ready for new business? What have you, Mr. Secretary, on your table?

MR. SECRETARY: At the last meeting of the American Medical Association at St. Louis the following resolution was approved by the House of Delegates of the American Medical Association, and I received the following letter:

#### WOMAN'S AUXILIARY TO THE STATE MEDICAL ASSOCIATION OF TEXAS.

HOUSTON, TEXAS, June 16, 1922.

Dear Dr. Bryant:—At the recent meeting of the American Medical Association at St. Louis, the following resolution was presented and unanimously endorsed by the House of Delegates:

"The Woman's Auxiliary to the State Medical Association of Texas respectfully requests the approval of the American Medical Association of a movement to organize a Woman's Auxiliary to the A. M. A., the object of which Auxiliary shall be:



"To extend the aims of the medical profession through the wives of doctors to the various women's organizations which look to the advancement in health and education; to assist in entertainment at all medical conventions; to promote acquaintanceship among doctors' families, so that closer fellowship may exist."

On the morning of May 26th, a meeting was held at the Hotel Statler and a temporary organization was perfected, nine states being represented at this meeting. The following officers were elected:

Mrs. S. C. Red, Houston, Texas, President.  
 Mrs. W. W. Graves, St. Louis, Mo., 1st Vice-President.  
 Mrs. Southgate Leigh, Norfolk, Va., 2nd Vice-President.  
 Mrs. E. S. Judd, Rochester, Minn., 3rd Vice-President.  
 Mrs. Ray L. Wilbur, Palo Alto, Calif., 4th Vice-President.  
 Mrs. W. A. Wood, Waco, Texas, Recording Secretary.  
 Mrs. H. L. D. Kirkham, Houston, Texas, Corresponding Secretary.  
 Mrs. Walter Timme, New York City, Treasurer.  
 Mrs. Geo. Gellhorn, St. Louis, Mo., Parliamentarian.

Much enthusiasm and encouragement has been shown by many prominent doctors and their wives.

We are asking your approval and help in this important matter. Any information will be gladly given.

Very sincerely,

MRS. S. C. RED,  
 817 Caroline St.,  
*President.*

MRS. H. L. D. KIRKHAM,  
 2711 Mount Vernon St.,  
*Corresponding Secretary.*

Discussion by the Secretary, Dr. Kershner, Dr. Holt, Dr. Whittier and Dr. Hannigen, expressing interest and approval, and calling attention to our present organization of "Daughters of Hygeia" as a successful demonstration of the vision of the Ladies of the State of Maine. It was decided that due notification of the county associations was sufficient.

THE PRESIDENT-ELECT: Any other new business, Mr. Secretary?

THE SECRETARY: I know of nothing.

THE PRESIDENT-ELECT: Has any member anything to propose in the way of new business? [No response.] Dr. Spalding, are you ready to report as delegate to the New Hampshire Medical Society?

#### REPORT OF DELEGATE TO THE NEW HAMPSHIRE MEDICAL SOCIETY.

I attended the meeting of this society May 17, 1922, at Concord, New Hampshire, as delegate from Maine and spoke to the members on medical affairs in our state. Mention was made of medical defense, the new idea of two Presidents, the condition of our JOURNAL, its proposed amalgamation with the *Boston Medical and Surgical Journal*, and finally, on the maternity and infantile welfare law.

Amongst the papers read at the meeting mention may be made of those on intestinal obstruction, contagious diseases, anæsthesia for minor surgery and on the medical educational problems in the state. Much was said to and fro concerning opening the Dartmouth Medical School once more for the education of needed country doctors. The chief objection to doing this was the insufficient clinical material offered in the small town of Hanover, year in and year out, despite the well-equipped hospital.

Other papers were read on cancer, X-rays, and a timely essay on common sore throat. Five of the papers were presented by non-residents, but all were thoroughly discussed. The meeting was very successful.

JAMES A. SPALDING, *Delegate*.

Voted, that Dr. Spalding's report be referred to the Committee on Resolutions.

THE PRESIDENT-ELECT: We will next hear Dr. Spalding's report on Public Health in the Schools.

DR. SPALDING: Dr. Kendall, at Augusta, and Dr. Foster of Portland, are on the committee, and I have corresponded with the other members of that committee and have got some ideas from them, and we have the honor to report as follows. Dr. Kendall will probably have something to say on his own hook in the State Board of Health.

#### PUBLIC HEALTH IN THE SCHOOLS.

Your committee on this important topic has the honor to report that in their opinion public health in the schools depends upon the light, the ventilation, and the eating, whilst much stress should also be laid on the proper care of the teeth, the teaching of a rational amount of physiology, and the employment, to a wider extent than at present, of physicians for physical examinations of children in the schools. As to proper light and ventilation, the rules and regulations already established by the State Board of Health are satisfactory in informing school committees how schoolrooms should be ventilated to the best effect. Light also can be easily obtained if buildings are laid on foundations facing in the proper directions toward the sunlight. All country schoolhouses can get plenty of light, but this is more difficult to obtain in the city. We believe in this respect that attention should be paid to the length of the school hours. Where there are two sessions daily, the space around schoolhouses should give good illumination all day long. Where there is but one session daily, then the amount of light up to one o'clock is the point to be determined. In the specific instance of the Portland high school, for example, we believe that, as there is no need of playgrounds, the question is only of space for lighting the building, and as there are no scholars in the school after one o'clock, we believe that the light at present available is sufficient for the health of all the scholars, as well as for seeing their work without eyestrain. We believe that sufficient light is now available for this school, no matter what may be the height of structures hereafter to be built in its neighborhood. As to play, the scholars in such a school do not play out-of-doors, and do not need space for playgrounds, as is the case with schools and children of the lower grades.

Lunches are a fashion of the day. Fifty years ago a cracker and a drink of water sufficed. This gave something for the teeth to chew. Now, luncheons are soft and sweet, ruinous to the teeth, and we believe that after eating them no child can study well. We believe that lunches in schools should be inspected as to quantity and quality; also, simple, nourishing food should be sought for and utilized. Sweets of all kinds should be avoided.

We are in perfect sympathy with the efforts of the State Board of Health in safeguarding children from epidemics; in their campaigns for vaccination; and we believe in immunizing the children against diphtheria. In a word, the Maine Medical should act with the State Board of Health, and back it up persistently in its efforts to obtain from those in authority money sufficient for continuation of its beneficent work for public health. Finally, in this point of view, we urge that whoever is sent from the Association to the legislature for aiding in such appropriations should be properly paid for his travel, and for time lost from his practice.

No report of the public health in schools would be adequate without mention of the good work done at dental clinics, dental clinics in Portland, for example. The Red Cross has established a clinic in the Children's Hospital, where dental hygiene, fillings and extractions are carried out. Any review of the record of these clinics this past year would convince the most skeptical of their value. May we not urge that the State School Department consider establishing similar dental clinics all over the state.

The committee believes that the school physician is an agency of great value in improving the health of children in grade schools. No accurate estimation of the health of these children can be reached without the aid of physicians who have authority to make careful examinations. Without a standard examination of large numbers of children of school age, we are at sea with regard to the needs. If we only guess at their health conditions, we shall only establish corrective methods in a hit-or-miss way.

One other matter might properly be brought before this body by your committee, that is, the question of teaching physiology in upper grade schools. The great majority of young people, after graduating from school, have extremely false views and information concerning the human body and its functions. At present, twenty-five minutes a week is devoted to this subject in some of our grade schools. This seems insufficient. Your committee recommends that more time be given to this vital subject, by teachers with some training in this branch, because erroneous and false ideas lead children in later life to bad practices, and leave them victims to the advertisements and trumpetings of Charlatans. A clear view of physiology ought to develop a skepticism, even a strong disbelief, in the claims of various cults.

On motion it was voted to refer the foregoing report to the Committee on Resolutions.

THE PRESIDENT-ELECT: Are there any other reports?

DR. SYLVESTER: The report of the Committee on State Sanatoria is now due.

#### REPORT FOR 1921-1922.

The Fairfield Sanatorium is the admitting office for the state. It was visited by Dr. O'Brien and myself in August. At this time the waiting list had



been cleared of applicants for the first time. It is needless to say, however, that only a fraction of those needing hospitalization in the State of Maine are admitted. The administration under Dr. Shaw is certainly efficient. In one respect the State of Maine is guilty of contributory negligence—the fire protection is inadequate. The children's wards at Fairfield and Hebron, so much needed, are filled and are functioning well.

The sanatorium at Presque Isle I have not visited. It is now being dedicated at its completion, though open to the public in a limited way for three years. The State of Maine is now geographically well supplied with sanatoria. However efficiently they are managed, the profession of the state is not relieved from responsibility for the primary diagnosis, in respect to which there is too much carelessness. The original purpose in the founding of our sanatoria was the protection of the public. Their more important function is the education of the tuberculous public for useful and happy, even if limited, lives.

DR. O'BRIEN: I would like to add to the report. While assisting Dr. Otis, of Boston, in demonstration of cases at Fairfield, it was evident that more discernment in diagnosis was necessary in cases sent in by physicians. There is need of all the present capacity for active cases of tuberculosis. The sanatoria are unnecessarily crowded. A return to home life should be made as soon as possible for supervision by nurses. There should also be more attention paid to the location of the patients. Those from Bangor should not be sent to Hebron, nor those from Portland to Fairfield.

On motion, it was voted that the report of the Committee on State Sanatoria be referred to the Committee on Resolutions.

THE PRESIDENT-ELECT: Are there any other reports that have not yet been presented? [No response.] It is customary at this first meeting of the House of Delegates to appoint two committees, the Nominating Committee and the Committee on Resolutions, each consisting of five members. Is it your pleasure that such committees be appointed? If so, how?

THE SECRETARY: They are usually appointed by the Chair, and I make a motion that that be done.

Thereupon, the motion being duly seconded, prevailed, and the President-elect appointed on these committees the following:

*Committee on Resolutions*—F. H. Badger, Winthrop; D. M. Stewart, South Paris; Harry McNeil, Bangor; C. E. Richardson, Skowhegan; E. V. Call, Lewiston; President-elect and Secretary *ex-officio*.

*Committee on Nominations*—E. H. Bennett, Lubec; E. E. Holt, Jr., Portland; C. M. Thomas, Bangor; F. N. Whittier, Brunswick; W. E. Kershner, Bath; President-elect and Secretary *ex-officio*.

THE PRESIDENT-ELECT: Is there any further business to come before the House of Delegates at this time?

Dr. Kershner inquired as to the present status of the insurance as carried by the state society. The secretary, in reply, stated that between four and five hundred members had taken out policies in the Hartford Co. He stated that need would be dealt with in the report of the Defense Committee in the Secretary's report. He further stated that if all members would take out the insurance the cost would be less, and within five years there would be no malpractice suits brought into the courts.

THE SECRETARY: The report of the Treasurer is here and all in shape to be referred to the Auditing Committee, which is the Board of Councilors, and if the House of Delegates wish to go into further detail into the expenditures of the Association, I should be glad informally to go through the various data of expenses; if not to refer it to the Board of Councilors. I put in my report, just published, simply a grouping of the funds spent. They are here in detail, with all the bills, checks and everything else, open to any member who may wish to look at them.

On motion, it was voted that the report of the Treasurer be referred to the Councilors.

THE PRESIDENT-ELECT: Is there any further business?

THE PRESIDENT-ELECT: Is there any further business to come before the meeting at this time? [No response.] The Secretary informs me that he would like to have the Committee on Resolutions meet him at his room within a half hour after the close of this meeting.

On motion, voted to adjourn until Tuesday afternoon, after the second session.

### **Second Meeting of House of Delegates.**

TUESDAY AFTERNOON, JUNE 27, 5.00 P. M.

The meeting was called to order by President-Elect Snipe.

THE PRESIDENT-ELECT: Will you listen to the Secretary's report of the Budget Committee?

THE SECRETARY:

I have made this out as a tentative report. As you know, our expenses have increased considerably in the last year or two. Last year we expended practically about the same amount as we took in. You will see from the Treasurer's report that we spent about three thousand and some odd dollars, and we took in a little over three thousand dollars. Of course one good-sized item in that was the matter of the Pepper fund. Then the matter of defense came to the amount of some over \$700. Of course that item is always uncertain, and we cannot tell whether it will be more or less this year. This year we will have to meet legislative expenses. Consequently I have made out this tentative budget:

President's expenses,	\$100.00
Secretary and Treasurer's salary,	100.00
Stenographer and traveling expenses, Secretary,	300.00
Legislative Committee,	500.00
Expenses of Councilors,	150.00
Venereal Disease Committee,	25.00
Maine Medical Journal,	500.00
Delegate to the A. M. A.,	250.00

Then the health program which we have approved provides for having two medical clinics during the year. We had one in Bangor last year, which was practically no expense to the Association. This was because the hospital paid part of the expenses and the Penobscot County Medical Society paid the rest, practically. I think the entire expense of the whole Bangor Clinic to the Maine Medical Association was about \$17.00, postage for programs sent out, etc. So I would suggest that for the two public health clinics, one to be held in Lewiston this year, we appropriate,

	200.00
For medical defense,	500.00
Expenses of other committees,	100.00
Expenses for the annual meeting,	300.00

That makes a total estimated expense of	<u>\$3,025.00</u>
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THE PRESIDENT-ELECT: Gentlemen, you have heard the report of the Secretary. Is it your pleasure that this be voted as the budget for the coming year? If so, a motion to that effect is in order.

On motion by Dr. Kershner, seconded by Dr. Call, it was voted that the budget as read by the Secretary be adopted as the budget for the ensuing year.

THE PRESIDENT-ELECT: Is there any other business on your table, Mr. Secretary?

THE SECRETARY: Nothing, Mr. Chairman.

THE PRESIDENT-ELECT: This meeting was really called for the purpose of hearing the report of the Resolutions Committee, of which Dr. McNeil is the Secretary. He is absent for some reason. I think, however the Secretary of the Association could give a resumé of the conclusions of that committee. Is it your pleasure that we listen to him instead of hearing the regular report of the secretary of the Committee? The report will be the same except the language will be different, undoubtedly.

DR. CALL: I think it would be a good thing to expedite matters.

THE PRESIDENT-ELECT: I think it would expedite matters very much indeed if we could dispose of that very important matter at once.

Is it your pleasure, then, that we adopt that procedure? If so, please manifest it.

This procedure was adopted by a hand vote.

THE SECRETARY: The first thing we approved of was the proposition of the A. M. A. as regards periodic medical examinations.

THE PRESIDENT-ELECT: Mr. Secretary, perhaps we will take these up one at a time.

THE SECRETARY: Yes, and we will ask for approval of each one. To meet the popular demand for periodic health examinations and to keep this work in the hands of local physicians, the following resolutions were approved:

"Whereas, The need and value of periodic medical examination of persons supposedly in health are increasingly appreciated by the public, it is recommended by the Council on Health and Public Instruction that the House of Delegates authorize the Council to prepare suitable forms for such examinations and to publish them in THE JOURNAL of the American Medical Association; and the county medical societies be encouraged to make public declaration that their members are prepared and ready to conduct such examinations, it being understood that the indigent only shall be examined free of charge, and that all others are expected to pay for such examinations."

It was voted by the Committee on Resolutions that we approve of this, and ask that the various county societies take the matter up and appoint their committees. I submit this and move that it have a passage.

The motion prevailed.

THE PRESIDENT-ELECT: When I call for a vote, that, of course, does not preclude discussion of any of these subjects. Everybody has the privilege of discussing any of these things.

THE SECRETARY: I should be glad to have these freely discussed, so that every man will go away from here perfectly satisfied with what we are doing. We are not trying to put anything through this House of Delegates in any way, shape or manner, and we want every member to understand the purpose and the meaning of these resolutions that we are putting in.

The next thing—I shall have to go partially by memory—is the matter of the establishment of public health nursing; that the House of Delegates approves of the program of the Maine Public Health Association, its three-year program as approved by your Committee of Public Relations. One of the most important parts of that program is the matter of public health nursing. We resolved that we approve of properly regulated public health nursing, controlled within the state, preferably under the charge of the Division of Nursing of the State Board of Health. I move that this have a passage.

Motion seconded.

THE PRESIDENT-ELECT: Is there any discussion on this matter?

A MEMBER: I think Dr. Bryant can explain why that was worded that way.

THE SECRETARY: Here is the resolution passed by the American Medical Association:

"Red Cross.

"We approve of the recommendation of the Board of Trustees relative to the public health activities of the American Red Cross, and their advice that the House of Delegates take appropriate action to convince those in authority that the public health activities of this organization are no longer necessary, and if continued are likely to promote community irresponsibility and helplessness in regard to its own welfare.

"Your committee further strongly recommends that the Board of Trustees take such action as will make this recommendation effective at the earliest possible moment."

The idea is to place all your public health activities under state control, and under your Department of Nursing of the State Board of Health, which the Red Cross absolutely refuses to do.

THE PRESIDENT-ELECT: The resolution was worded so as to offend no one and at the same time accomplish the result.

THE SECRETARY: We have got to go to the legislature next year, and there is no reason why we should have every sympathizer of the Red Cross on our backs because we pass a resolution against the Red Cross.

The previous question being called for, it was voted that this recommendation receive approval.

THE SECRETARY:

"State Medicine Defined. The American Medical Association hereby declares its opposition to all forms of 'state medicine,' because of the ultimate harm that would come thereby to the public weal through such form of medical practice.

"'State Medicine' is hereby defined for the purpose of this resolution to be any form of medical treatment, provided, conducted, controlled or subsidized by the federal or any state government, or municipality, excepting such service as is provided by the army, navy or Public Health Service, and that which is necessary for the control of communicable diseases, the treatment of mental disease, the treatment of the indigent sick, and such other services as may be approved by and administered under the direction of or by a local county medical society, and are not disapproved by the state medical society of which it is a component part."

DR. WHITTIER: Mr. Chairman, I would like to ask whether there is any occult reference to the bill that was discussed this afternoon in this motion?



THE SECRETARY: I think not.

DR. WEBBER: I would like to ask just what that bill amounts to. It simply defines what state medicine is—what the American Medical Association considers as state medicine. You hear all sorts of things brought up before your medical societies labeled as state medicine. You heard on the platform to-day that we are coming to state medicine, and this puts us on record as not approving of state medicine as defined in this resolution. I cannot see that it amounts to anything at all.

THE SECRETARY: Only if anything comes up regarding your Board of Health. If your Board of Health should start out to take over cases to treat, that would be state medicine, except as regards preventive medicine. If the State Board of Health should go out and establish a clinic and advertise to treat diseases, that would be state medicine.

DR. WEBBER: Does that debar the State Board of Health going out, as it has done the last few years, with the venereal clinic?

THE SECRETARY: No.

DR. WEBBER: I do not see as you accomplish a thing by it.

THE SECRETARY: If anything comes up, we have got a standard to go by which we have never had before.

DR. WEBBER: It seems to me a waste of effort. I should not feel that it was worth the time to bother with it. You are letting the state do just as they have always done.

THE SECRETARY: I think your venereal clinic would come under state medicine.

DR. WEBBER: The other parts of it give the state the right to do what it has been doing as to venereal clinics and in the treating of disease.

DR. WHITTIER: I do not understand now whether it debars the venereal clinic.

THE SECRETARY: If approved by the state society, it does not debar it.

The question being called for, the recommendation above referred to was approved.

THE SECRETARY: I think the third and final recommendation is that we ask our Legislative Committee, together with the Council and the President and Secretary of the Association, to prepare a bill to be introduced into the next legislature taking up the changes in medical licensure this bill to be prepared by the Legislative Committee in con-

junction with your Council, President and Secretary; that such a bill be brought before the next legislature. That is all there is to that, simply that you leave this matter of the proper bill to be introduced at the next legislature on State Licensure of Medicine to your Council and your Committee of Medical Legislation.

A MEMBER: Without referendum to your county societies?

THE SECRETARY: Nothing said about referendum; but it can be referred to the county societies. You have got your representatives in your Council. The Councilors would take it up with the county societies which they represent. It is simply asking that such a bill be put in and making it as responsible as possible. I think you need not worry about that bill trying to put anything over. We made it broader than the Legislative Committee. We made it to include practically all the officers of the Association.

THE PRESIDENT-ELECT: The recommendation, then, is this: that the Legislative Committee, the Councilors and the President and Secretary of the Association be empowered to draw up a bill to present to the next legislature regarding the conditions of medical licensure in this state. Are you ready for that question? Those in favor of giving that committee such power will please manifest it; those opposed.

A hand vote being taken, the recommendation was adopted.

THE SECRETARY: The next thing is our Medical Defense Act. At the present time, as it reads, it debar the man carrying health insurance from medical defense; that that should be carried on by the insurance companies alone. Now that we have taken on general indemnity insurance, we have moved to strike out the clause in that which says something like this, that we shall not be liable for defense to those who carry indemnity insurance—simply a matter of cutting out that clause in that Medical Defense Act so that the medical defense applies to every one, insured and not insured. Of course the insurance companies pay all the bills of every man that is insured, but your Defense Committee will work just as hard for those who are insured in the insurance company, if not harder, than for the ones not insured at all—covering the whole medical profession without qualification.

DR. WEBBER: Under those circumstances, will the insurance companies look to the Association for one-half of their proportionate share?

THE SECRETARY: They look for nothing. We have one company that agrees to employ our own attorney in all cases, and our Committee on Medical Defense agrees to co-operate with our attorney and with the insurance company in defending all those cases.

Thereupon it was voted that this resolution have the approval of the House of Delegates.

THE SECRETARY: Another resolution which was passed at the A. M. A. meeting was the matter of medical ethics. The object was to extend the code of medical ethics so that it would cover not only the individual practitioner, but those practicing in groups—that medical ethics should cover group practice as well as individual practice—so that practically all the addition that was made to that was in the second line, where it says, “Solicitation of patients by physicians as individuals, or collectively in groups by whatsoever name these be called, or by institutions or organizations.” That has been added on, so the whole thing reads now:

“Solicitation of patients by physicians as individuals, or collectively in groups by whatsoever name these be called, or by institutions or organizations, whether by circulars or advertisements, or by personal communications, is unprofessional. That does not prohibit ethical institutions from a legitimate advertisement of location, physical surroundings and special class—if any—of patients accommodated. It is equally unprofessional to procure patients by indirection through solicitors or agents of any kind, or by indirect advertisement, or by furnishing or inspiring newspaper or magazine comments concerning cases in which the physician has been or is concerned. All other like self-laudations defy the traditions and lower the tone of any profession, and so are intolerable. The most worthy and effective advertisement possible, even for a young physician, and specially with his brother physicians, is the establishment of a well-merited reputation for professional ability and fidelity. This cannot be forced, but must be the outcome of character and conduct. The publication or circulation of ordinary simple business cards, being a matter of personal taste or local custom, and sometimes of convenience, is not per se improper. As implied, it is unprofessional to disregard local customs and offend recognized ideals in publishing or circulating such cards.

“It is unprofessional to promote radical cures; to boast of cures and secret methods of treatment or remedies; to exhibit certificates of skill or of success in the treatment of diseases; or to employ any methods to gain the attention of the public for the purpose of obtaining patients.”

On motion it was voted that the foregoing be adopted as the code of ethics of the Maine Medical Association.

THE SECRETARY: There is one other thing, and that is this matter of workmen's compensation, a matter which I took up last year, and which has been published in the JOURNAL, regarding the collection of fees from disabled employees in the wards of a hospital. I am glad to say that the two largest hospitals have said that collecting a fee from a patient who was an industrial accident and insured by a company, or liable to an employer, no longer is considered improper; that any man who is on duty in any hospital, if a patient comes in there and goes into



the ward, if he is insured, the physician on duty can collect his just and legitimate fees, and there will be no opposition to that in those two hospitals. One is the Maine General in Portland and the other the Eastern Maine General in Bangor. It has been the custom on accident industrial insurance to reduce the amount of fees that they have to pay, and they now threaten that they will contest in the courts the payment of such fees. All that we ask is that the officers of this Association, if such a contested case comes up, shall have the right to employ their counsel and make a test case of it and put it through; otherwise we are helpless. So the resolution would read, that the officers of the Association, President and Secretary, would ask for authority from the Association to conduct such a suit if such a suit is found necessary.

The question being called for, it was voted to give the officers of the Association the authority asked for.

THE SECRETARY: Now this is the whole report of the Committee on Resolutions; and I would move that the report as a whole be adopted.

The motion, being duly seconded, was carried.

THE PRESIDENT-ELECT: Is there any new business?

DR. SINCOCK: Mr. Chairman, at the meeting of our county society, held the first of this month, we talked over about the next meeting of the Maine Medical Society, and a vote was taken there to extend to this Association an invitation to hold your next meeting up in our county. Now if it is in order, I might say that the vote was unanimous, and that we are very anxious to have you come up there. We will try and take care of you in the best possible manner. We have here with us a physician from the town of Houlton, which would be the place where the meeting would be held if you voted to have it in Aroostook County; and I should like to hear a few words from Dr. Mann.

THE PRESIDENT-ELECT: Dr. Mann.

DR. MANN: Mr. President and Members of the House of Delegates: As I am not a member of the House of Delegates at the present time, I will not detain you very long. Dr. Sincock has explained to you that the county medical society has unanimously voted to ask the State Medical Association to meet at Houlton in the year 1923. There has been a committee appointed to look after the matter, and in some way it fell to my lot to be chairman of that committee, so as chairman of that committee I wish to extend to you a most urgent and cordial invitation to meet with us at Houlton next year. We have enjoyed the hospitality of Portland, Lewiston and Bangor so long that

we think you gentlemen ought to get acquainted with the smaller places. We would like to have you there in 1923. While I am not sure of it, I have talked with members of the medical society, and they feel that it will be absolutely feasible to have a joint meeting with the members of the New Brunswick Medical Society, which can be well and conveniently done at Houlton, only ten minutes from the boundary line. Only think of it! Ten minutes will take you out of the jurisdiction of the Volstead Act. I think we can take care of you in good shape.

THE PRESIDENT-ELECT: Gentlemen, you have heard the very cordial invitation we have received from Aroostook County. What action will you take regarding it?

DR. WEBBER: What about the hotel accommodations up there?

DR. MANN: We can accommodate the most of you at the hotel. If not, our homes will be wide open to you. The Houlton Chamber of Commerce has endorsed the matter. If you will only come we can take care of you.

THE PRESIDENT-ELECT: Gentlemen, what action will you take regarding this invitation?

DR. WHITTIER: I would like to inquire as to the chance of New Brunswick going dry during the next year.

THE PRESIDENT-ELECT: Dr. Whittier has a personal question that he would like to ask Dr. Mann.

DR. MANN: There is no fear whatever. New Brunswick will be wide open and the members of the New Brunswick Medical Society, I know, will do everything to make you welcome.

THE PRESIDENT-ELECT: Gentlemen, the Chair will entertain any motion in regard to this matter.

On motion by the Secretary, the matter was tabled until the next meeting to-morrow noon.

THE PRESIDENT-ELECT: Is there any further business?

THE SECRETARY: I would suggest that the time of the meeting next year will probably have to be somewhat earlier than this year, that is, unless you want to get along without your Secretary, if re-elected, because he goes to California next year at just about these same dates, and in order to avoid the Bowdoin commencement it will be necessary to have it earlier, say about the first week in June. Originally we had it earlier, but of late we have pushed it along until after Bowdoin commencement. I simply make this suggestion for what it may be worth.

DR. CALL: Will the roads be good in Aroostook along the first of June?

DR. MANN: Yes, sir.

THE PRESIDENT-ELECT: Is there any further business? If not, a motion to adjourn until tomorrow at the close of the morning session will be in order.

DR. BENNETT: The Committee on Nominations will meet in the Secretary's room, 109, right after the banquet to-night.

Adjourned.

### Third Meeting of House of Delegates.

JUNE 28, 1922.

The meeting was called to order by the President-Elect, Dr. Snipe.

THE PRESIDENT-ELECT: I will call upon Dr. Bennett for the report of the Committee on Nominations.

DR. BENNETT: Mr. Chairman, your Committee on Nominations has attended to its duty and begs leave to report as follows:

*1st Vice-President*—Dr. J. W. Nichols, Farmington.

*2nd Vice-President*—Dr. W. N. Miner, Calais.

*Secretary and Treasurer*—Dr. B. L. Bryant, Bangor.

#### BOARD OF COUNCILORS.

*Fifth District*—Dr. W. J. Gilbert, Calais.

*Sixth District*—Dr. James McFadyen, Milo.

#### COMMITTEES.

*Scientific Work*—Dr. Carl Robinson, Portland; Dr. F. N. Whittier, Brunswick; Dr. Allan Woodcock, Bangor.

*Public Policy and Legislation*—Dr. L. P. Gerrish, Lisbon Falls; Dr. G. R. Campbell, Augusta; Dr. J. B. Drummond, Portland.

*Venereal Diseases*—Dr. F. N. Whittier, Brunswick; Dr. H. W. Stanwood, Rumford; Dr. E. E. Holt, Sr., Portland.

*State Hospitals*—Dr. C. P. Wescott, Portland; Dr. W. B. Sanborn, Winthrop.

*Cancer Committee*—Dr. E. H. Risley, Waterville; Dr. H. E. Thompson, Augusta; Dr. Mortimer Warren, Portland.

*Necrologist*—Dr. J. A. Spalding, Portland.

*Hospitals*—Dr. F. W. Mitchell, Houlton; Dr. W. N. Miner, Calais; Dr. J. O. Lincoln, Bath.

*Delegate to A. M. A.*—Dr. B. L. Bryant, Bangor; alternate, Dr. F. Y. Gilbert, Portland.

*Delegate to National Council, Medical Education*—Dr. D. A. Robinson, Bangor.

*Delegate to National Legislative Council*—Dr. Addison S. Thayer, Portland.

*Delegates to State Societies*—New Hampshire, Dr. J. A. Spalding, Portland; Vermont, Dr. Geo. B. O'Connell, Lewiston; Massachusetts, Dr. T. J. Burrage, Portland; Rhode Island, Dr. Carl Robinson, Portland; Connecticut, Dr. E. H. Bennett, Lubec.

*Visitors to State Sanatoria*—Dr. C. E. Sylvester, Portland; Dr. Carl O'Brien, Bangor.

*Committee of Medical Defense*—Dr. T. E. Hardy, Dr. B. L. Bryant, Dr. E. G. Abbott, Dr. F. H. Jackson, Dr. E. V. Call.

*Committee on Public Relations*—Dr. S. J. Beach, Dr. T. E. Hardy, Dr. Merrill, Dover; Dr. Richard Small; Dr. Clarence Kendall, Augusta; Dr. B. L. Bryant; Dr. F. Y. Gilbert.

*Committee on Medical Education*—Dr. F. H. Badger, Winthrop; Dr. F. W. Mann, Houlton; Dr. D. A. Robinson, Bangor.

Voted, that the report of the Committee on Nominations receive the approval of the House of Delegates.

THE PRESIDENT-ELECT: I will now take from the table the very kind invitation of the Aroostook County Delegation, and what action do you wish to take regarding it?

DR. SINCOCK: Mr. Chairman, I should like to say just a few words before that matter is taken up. We have in Aroostook, I think, in the neighborhood of fifty members in good standing. There are very nearly as many more, I think, in the county who should be members—there are about eighty there. Now if we could have a meeting up in that county I think it would help us a great deal, as well as helping the whole state medical meeting, because we will be able, I think, to get quite a number of new members to join our county society, and, by joining our county society, of course that helps the State Association. Another thing! I would like to hear from our committee which was appointed in our county the first of June. We appointed a committee to come down here and present the matter and to show you how we could entertain the Association. Two members of that committee we have here with us, Dr. Mann, of Houlton, and Dr. Dickison, and if it is the pleasure of this meeting I would like to hear from them.

THE PRESIDENT-ELECT: It would give us great pleasure, I am sure, to hear from them.

DR. MANN: Mr. Chairman, all I can do is to extend the invitation that I extended yesterday. Dr. Sincock has very well stated the situation. We learned from a paper read this morning that out of 1,100 physicians in the State of Maine only about 700 are in the state society,

and nearly all of those on the outside are in the northern part of the state. Meet with us in Houlton and we will add a large number to the Maine Medical Association. We will get them through the county societies. We will do our level best to entertain you at Houlton; there is no question about that. We have with us a member of our county committee, Dr. F. W. Mitchell, of Houlton. I would like to hear from him as well as from Dr. Dickison. Now if our hotels are not large enough, our homes are, and our latchstrings will be out. We have enjoyed the princely hospitality of the larger places, Bangor, Portland and Lewiston. Now come to Houlton and see how we can entertain you; and I think if you come once, you will want to come again. Is Dr. Dickison going to say anything in regard to this matter?

DR. DICKISON: Mr. Chairman, there is nothing special I can add to what Dr. Mann has told you. He has outlined some of the things you could do for us in the way of new members by coming up into our county, but we think that we also will do something for the Maine Medical Association. I think very likely three-quarters of you have never been north of Bangor, and I think it would do the society good to come up there and see what a country we have. There is some country up there that a good many have never seen, and a lot that they never will see. I do not expect to ever see it all myself, but I will say this much that some of you, if you are up there a couple of days, may be able to see things that you never saw before. [Laughter.] There are all kinds of wild animals up there in the woods, and it is only two miles and a half to the "line." We would like to have you all come up and have a good time, and we will try and give you a good time.

THE PRESIDENT-ELECT: Are we going to hear from Dr. Mitchell?

DR. MITCHELL: I do not think, Mr. Chairman, there is anything I can add to what has been said; but I would like to emphasize particularly what Dr. Dickison has said, that we are only two miles and a half from the "line." To you men down in the southern part of the state that may not mean a great deal, but to us it is very important. It will give you a splendid opportunity to visit places of interest on the St. John River, and we have already made arrangements for automobiles to give the ladies opportunity to see that country. Another thing is under consideration! The New Brunswick Medical Society may meet with us at the same time, bringing their talent from Montreal, St. John and other places, which would make the meeting very interesting. Another point that has been brought up I would like to mention, although I do not want to antagonize anybody. Somebody has said that it is a very long way from Portland to Houlton. So it is, and it's



a mighty long way from Houlton to Portland. It is just as far one way as it is the other. We have been coming here fifty-seven years. Now the next year we are all going to Houlton. We will give you the best time you ever had. We have all kinds of men and money up there and we are going to put them out lavishly. We hope you will come. [Applause.]

DR. BENNETT of Lubec: Mr. Chairman, it seems to me that the medical profession of Maine is something like a family. We all know that Portland is the home, the old homestead, as it were, of the Maine Medical Association. We all love to come to Portland. We are beautifully entertained and royally treated when we do come, and we all have the greatest respect for Portland. At the same time, it seems to me that the parents of the family should remember the children, and the children are out in the country, and one of the children is up in Houlton. Mr. Chairman, I believe that it will be a benefit to the Aroostook County Society, and the other county societies, if we go to Houlton next year, and if it be in order, sir, I move you that the next session of the Maine Medical Association be held in Houlton.

DR. BADGER: Mr. Chairman, I rise to second the motion of Dr. Bennett, as a member from Kennebec. I believe that we ought to respond to this invitation and make an earnest endeavor to get as many members as possible from each and every county to attend the meeting in Houlton in 1923. [Applause.]

DR. O'BRIEN: Mr. Chairman, in accepting their cordial invitation, while we appreciate the proximity of the border, that should not be our motive for going. We are going to see the men and get what we can out of the country. [Applause.]

The question being called for, it was voted that the meeting next year be held in Houlton.

THE PRESIDENT-ELECT: I would like to say to the Aroostook County delegation that the members of this delegation have always been regarded in the Maine Medical Association as the highest type of members that we have. I am confident that the Association will gain much by going up there, and I hope that their fondest hopes will be realized in their gain from our presence. Is there any other business, Mr. Secretary?

THE SECRETARY: I would suggest, Mr. Chairman, that a date be set for that meeting now. It will have to be in the first two weeks of June, as Bowdoin College Commencement comes the middle of June.

DR. WHITTIER: I move you, Mr. Chairman, that it be the second week in June.

THE SECRETARY: You could start your meeting the 11th, 12th and 13th of June, with Monday night as the first House of Delegates' meeting.

THE PRESIDENT-ELECT: Which would be the better week for you, Dr. Mann?

DR. MANN: I think the second week in June will be all right.

THE SECRETARY: Could the delegates get up there for Monday night, or had we beter put this Tuesday night?

THE PRESIDENT-ELECT: Perhaps it would be better to call it Tuesday night.

THE SECRETARY: Then the dates of your next meeting will be 12th, 13th and 14th of June.

DR. MANN: And we will be on the ground to give you one grand good time.

THE PRESIDENT-ELECT: Is there any further business?

DR. BADGER: Mr. Chairman, there is one thing I want to suggest at this time about a committee that was appointed last year of somewhat questionable value; at the same time some of us feel that it ought to be kept alive. I refer to the committee appointed by the Chair last year upon the possible re-establishment of the Medical School. Those who are interested in it wish that committee continued, although at the present time there is nothing definite to report.

THE PRESIDENT-ELECT: That committee is continued under the name of the Committee on Medical Education.

DR. O'BRIEN: Mr. Chairman, Dr. Webber, of Lewiston, wanted me to bring a matter to the attention of the House of Delegates, if it is in order, and that is in regard to our legal committee doing something to prevent a doctor from being called as an ordinary witness in matters pertaining to his profession. The doctor had an experience in this a short time ago. He was called from Lewiston to Rumford to see a man who had been injured, examined him, and later on he was handed six dollars and something and told to appear in Rumford to testify in a professional matter. Now he is wondering if there is any way that our legal committee could bring that matter up. I do not know enough about law to know whether there could be anything done or not, but it certainly seems an injustice to a professional man to call him away from his business a long distance for the small sum of five or six dollars.

THE SECRETARY: I presume this applies to a professional man in medicine exactly the same as it does to a professional man in any other

line. If you are a witness to the affair, according to the statutes of the state you have got to appear. There is a point still in dispute, and which I understand may be revived, and that is, if you are asked for a professional opinion on the stand, if they try to get a professional opinion out of you on the stand, whether it is going to be well for us to put it up to the Judge each time and ask if we are obliged to answer that question. We have one ruling from old Judge Haskell, which was given in Bangor, that no professional witness on the stand is obliged to reply to a question of opinion unless an arrangement has been made for his fee. That was the ruling of Judge Haskell, who unfortunately is dead. Relying on that, some parties from Bangor went up Houlton way, where there used to be a judge by the name of Powers, and, relying on this opinion of Judge Haskell's, one of them went on the stand, and when asked a question of opinion, threw back his shoulders and said, "I refuse to answer, because that is a question of opinion, and no arrangement has been made for my fee." The judge immediately turned to the witness and said, "You will answer the question or go to jail."

DR. O'BRIEN: Mr. Chairman, you can be called to court to testify to the facts and you are an ordinary witness under the ordinary fee, but the minute they call for an expression of opinion—if you answer a question and give an expression of opinion—you immediately qualify yourself as an expert and can be asked any question. That is the condition as it has existed in Massachusetts. You would qualify yourself as an expert without a ruling from the court if you expressed an opinion. As long as you testify to the plain facts of the case you are an ordinary witness.

THE SECRETARY: I think it is going to be well for every man who goes on the stand, if he is called in the ordinary way as an ordinary witness, when they ask him that question of opinion, to turn to the judge and ask if he is obliged to answer that question, simply stating to him that no arrangement has been made in regard to fees for becoming a medical expert. I think if you put it that way that by and by we will get a ruling and will know. We have had two rulings, one for and one against us.

DR. KERSHNER: Mr. Chairman, it seems to me that Dr. Webber's idea to avoid being called is an impossible condition of affairs for the simple reason that any inhabitant of the State of Maine must answer the legal summons of the court or lay himself liable, and it would not be wise for us to make any attempt to break away from that, because the basis of our existence as a state rests upon our law and its universal



application. While it is apt to work a hardship occasionally, yet I would make the suggestion that in going up and examining the case, Dr. Webber should have gotten a sufficient fee for that to have taken care of him.

DR CUMMINGS: I do not think Dr. Webber objected to being called. I think there should be a test case made on that.

THE SECRETARY: I agree that we should have another test case on that, because, as I say, we have got one ruling for and one against, and I have heard it intimated that possibly the court might be a little more lenient now if the same question came up.

THE PRESIDENT-ELECT: Do the delegates see fit to take action on this matter? If not, is there any other business?

DR. O'BRIEN: Mr. Chairman, is there any way that you could get a ruling on that?

THE SECRETARY: Only in an individual case.

DR. O'BRIEN: Couldn't you get a ruling as to what constitutes direct testimony and what expert testimony?

DR. KERSHNER: Not until the case came up, and you would then get your ruling from the law court.

DR. O'BRIEN: It could not be defined what constitutes direct testimony and what expert testimony?

THE SECRETARY: Any matter of opinion is considered expert testimony. Any statement of fact is ordinary testimony. When they ask you something, and you answer, which involves a professional opinion, then you become an expert.

DR. O'BRIEN: In Massachusetts you can qualify yourself. That is the way they try to get you. You go as an ordinary witness, and they try to get you to qualify as an expert in cross-examination.

THE SECRETARY: Unless you object to qualifying, they have got you the minute you answer an expert opinion. You cannot charge anything for it, either.

DR. O'BRIEN: Then why should you be compelled to answer or go to jail?

THE SECRETARY: Simply that was the ruling of the court.

DR. CUMMINGS: I did not qualify as an expert, but the judge told me to testify. I was called as an ordinary witness, and I said that I should be qualified as an expert before I answered, and I was told to answer the question.

THE SECRETARY: What judge was that?

DR. CUMMINGS: I don't remember.

THE SECRETARY: I think we want to keep at it all the time until we find out about this. I think some of the judges are in favor of exempting us from testimony without expert fees, but some may be the other way.

THE PRESIDENT-ELECT: Is there any further business? This is the last opportunity to bring anything before this honorable body.

THE SECRETARY: I move to adjourn.

THE PRESIDENT-ELECT: Before putting this motion to adjourn, I want to express my great personal pleasure in the extremely harmonious meetings that we have enjoyed during this session. Nothing has occurred to disturb the delightful harmony of the meetings, and I therefore put this motion to adjourn before anything of that character can develop. Is it your pleasure that we adjourn?

Adjourned.

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### **First General Session.**

TUESDAY, JUNE 27, 1922, 9.00 A. M.

The first general session was called to order by the President, Dr. Addison S. Thayer, in the main dining room of the Falmouth Hotel at 9.00 A. M.

Invocation by the Rev. Dr. Henry Stiles Bradley, of Portland.

THE PRESIDENT: Gentlemen, we have with us this morning as a delegate from the State of Connecticut, where his work was for many years, a man who is now a citizen of Portland. He has demonstrated since he has been here that he has interesting things to write and interesting things to say. It gives me pleasure to introduce to you as the delegate from the Medical Society of the State of Connecticut, Dr. James M. Kenniston, now of Portland.

DR. KENNISTON: Mr. President and Gentlemen:

I feel highly honored to come back to the State of Maine, where, when I was eighteen years old, I taught a country school up in Weld. I thought, coming from Boston, they would throw me out of the window, but they did not. I got along very well and had one of the times of my life.

Now Connecticut I am very fond of, of course, and I am very fond of

Maine; and some of the prominent men, my friends, requested me to express as best I might the appreciation of the Connecticut physicians and surgeons of the good work which is done here in Maine. I have various methods of getting at the facts, and I believe that Maine will compare favorably with any other state. Of course now we have a great many things that we did not have when I was starting in.

I was asked particularly to bring to the attention of the people of Maine, the physicians of Maine, that great importance of looking after the defectives, and it does seem that Maine now is in a position to look after them. I know from my own experience that right here in Portland there are many defectives who are really a menace to the community. We have two splendid hospitals at Bangor and Augusta, as well as a place for defectives at Pownal, but our accommodations for that class are not large enough, and if the physicians throughout this state would try and spend a little time thinking over this matter, I think that something could be done. Certainly the situation is now something terrible, and we get from this class more or less crime. I do not know how this situation can be best met, but I think it would be well to have a meeting of all the different associations in this city, for instance, and have them learn the facts. To give details here of course would take too much time.

I want you all to feel assured that Connecticut appreciates Maine, and I have been asked to extend a cordial invitation to any of the Maine physicians to go to Connecticut, and I know that they would be very glad indeed to entertain you. I thank you. [Applause.]

PRESIDENT THAYER: All members of the Association are urged to register early and to notify at the registration desk the accompanying lady, for whom a ticket will be provided for the banquet.

Visiting ladies have received the following invitations:

From Abba Harris, President of the Business and Professional Women's Club of Portland: "It gives me much pleasure to offer to the ladies of the Maine Medical Association the freedom of our club rooms for the afternoon of Tuesday, the 27th." These club rooms are located at the corner of Forest Avenue and Cumberland Avenue over the Sub-Station of the Post-Office.

Visiting ladies are also invited to attend, if they prefer, one of the theaters this afternoon, and if before half-past twelve to-day they will indicate which theater they prefer to attend, whether the Jefferson or Keith's or what, tickets will be provided for that purpose.

The visiting ladies are also extended the courtesies of the Longfellow House, and this invitation extends over from to-day and includes to-morrow, and those who accept it will merely state, instead of paying for a ticket at the Longfellow House, that they are guests of the Maine Medical Association, and they will be admitted on that statement.

Since our last general session, gentlemen, the Maine Medical Association has received a beautiful gift—this desk. May I read to you the inscription on the desk?

"In

1921

Charles M. Chamberlain,  
a native of Waterford, Maine,  
sent to the heirs of  
Dr. Leander Gage,  
of Waterford,  
payment for medical  
services rendered  
before  
1842.

In honor of his act  
Three grandchildren of Dr.  
Gage presented to the Maine  
Medical Association this  
desk purchased with their  
share of the sum sent."

Our JOURNAL has already related how the boy, Charles Chamberlain, more than sixty years ago, heard his father express regret that he couldn't pay his doctor's bill; how the boy resolved that, some day, he would pay it himself. This desk commemorates the fulfillment of that resolve.

Dr. Leander Gage's son, Dr. Thomas Hovey Gage, was a distinguished physician of Massachusetts; his grandson, Dr. Homer Gage, is now a distinguished surgeon of Massachusetts, who, with his brother and sister, cherishes the affection which their father felt for his native state.

We are deeply grateful.

Gentlemen, we thought there would have to be a transfer of the order of exercises this morning; but the recent arrival of Dr. John Sturgis puts us on "Easy Street" in that respect. It did seem quite fitting that we, as a "down east" medical association, should have as our first number on the program a paper from a doctor who comes from farthest east—the St. Croix River—Dr. Walter N. Miner, of Calais, and the subject upon which Dr. Miner will talk to us this morning is "Elements Confronting the Abdominal Surgeon". Dr. Miner.

DR. MINER reads.

PRESIDENT THAYER: It is always a source of satisfaction when we can develop in our midst a man who loves laboratory work and who does it well; and we are very glad to be able to retain within our borders

such a man. Dr. Herbert E. Thompson, of Bangor, will talk to us on the very interesting subject of "Recent Developments in Blood Chemistry." Dr. Thompson.

DR. THOMPSON reads.

THE PRESIDENT: I am not sure that we all know what demography is, and I know of no one in a better position to tell us than the Director and Executive Officer of the Maine State Board of Health, Dr. Clarence F. Kendall. Dr. Kendall.

DR. KENDALL reads.

THE PRESIDENT: Now that we are on the subject of demography, gentlemen, it may be remarked that the mortality in infants is diminishing; that the further and more rapid diminution of mortality among infants is a subject of very pressing interest, and a good deal of pressure is being brought to bear, especially by women, to reduce it still further. Perhaps we may get some hints on what is being done, and what might be done, by the next paper, which has as its title "Some Observations on Infant Feeding as seen in the Boston Floating Hospital in 1921," by one of our own members, Dr. Charles N. Stanhope, of Dover. [Applause.]

DR. STANHOPE reads.

THE PRESIDENT: Then I would like to ask at this point if there are any visiting delegates from states other than Connecticut present to greet us?

At this point Dr. Jones, of Rhode Island, presented himself.

THE PRESIDENT: Dr. Jones, a delegate from the Rhode Island Medical Association, will say a word to us.

DR. JONES: I thank you, Mr. President. It is my pleasure to be here as a delegate from the Rhode Island Medical Society. I think this custom of sending delegates is a very old one, but I think it has rather fallen into disuse in these later years. At our meeting in Rhode Island, the first of June, we had no delegate from any other New England state. Two years ago I was a delegate to the Massachusetts Society and appeared there. The President was quite surprised to find a delegate from any other state. He said that he could not recall when a delegate had appeared there before. I think this is rather too bad.

THE PRESIDENT: Did he invite you to make any remarks, Dr. Jones?

DR. JONES: Yes, I think he did, Mr. President: in fact, he was very cordial and my greeting was very fine indeed; but he could not recall when there had been another delegate there. I do not recall when



we have had a delegate from the other states in Rhode Island. Now I feel that this custom is very good and that it should help to bring the New England men and the New England societies closer together ; and I hope that next year we will have the pleasure of greeting a delegate from Maine as well as from the other New England States. I thank you. [Applause.]

THE PRESIDENT: I wonder if we can get another rise from any of the four remaining New England States which are supposed to send us delegates, at this time? [No response.] Is there any business to come before us before we adjourn? If not, this meeting stands adjourned until two o'clock.

### Second General Session.

TUESDAY, JUNE 27, 2.00 P. M.

The meeting was called to order by President Thayer.

THE PRESIDENT: We heard this morning from visiting delegates from Connecticut and Rhode Island. We would be glad to hear from Massachusetts, Vermont or New Hampshire. Is there at this time a delegate from any one of those three states present? [No response.] If not, I will ask your attention to the report of our necrologist, Dr. Spalding.

#### NECROLOGIST'S REPORT FOR 1921-22.

MR. PRESIDENT: We have lost during the year the following members, if their names have been handed in to me correctly. The labor of discovering facts concerning them has, as always, been considerable. I have to thank members for great kindness in sending newspaper reports concerning the careers of some. Such reports are, however, of small medical value, because they consist mostly of dates and official positions occupied by those who have gone on before. What we always stand in need of is information of our deceased brothers in medicine as physicians. If every member would only think of annotating his own case or two, an operation or two, or a consultation with a medical friend. how much they would be doing to lighten the labors of the Necrologist and at the same time to enlighten the medical history of Maine. Most of us, I regret to say, never think of this simple idea, and when they go along they leave not a sign of the good that they have done.

Whenever I go to our historical library I ask for "The Lying-in Book of S. A." It was written year after year by Dr. Samuel Adams, once of Bath, a century and more ago, and from its columns I learn a great deal concerning obstetrical practice. So long as this human document endures, so long shall the name of "S. A." be recalled. If any of you want to go down into medical history follow his good example.

Somebody here may say as I read this: "I don't see any good in such a book," and I reply that the mere fact that Sam Adams, of Bath, never used the forceps in thirteen hundred deliveries, and lost but one lying-in woman, is a fact

of great value when you and I are studying the maternity and infantile welfare law of to-day, for it proves that women of Maine a century and more ago were differently built from those of to-day, or that the physicians interfered with nature less, and were more patient in their practice and with their time than we of to-day.

After this brief memorandum, here is our list of departed members:

Egbert Tilton Andrews, Gray, sturdy country practitioner.

Charles Washington Bray, Portland, fortunate and courteous physician.

Seth Chase Gordon, Portland, famous gynecologist.

Charles Hutchinson, Portland, excellent clinician.

James Willis Johnson Marion, Calais, too briefly a member.

Herbert Barker Mason, Calais, our homeopathic President.

William Castein Mason, Bangor, all for Harvard.

Eugene David O'Neill, Biddeford, often a student in foreign lands.

Walter Woodruff Parmalee, Auburn, capable eye and ear man.

George Andrew Phillips, Bar Harbor, the physician not afraid of mentioning syphilis in our legislative halls.

Alfred Dow Sawyer, Fort Fairfield, a president long to be remembered.

Alton Sawyer, Gardiner, gracious benefactor of the Maine General Hospital.

Herbert Sumner Sleeper, Lewiston, devoted to physical welfare of college students.

George Howard Washburn, Augusta, who died working for his patients.

John Henry Webber, Auburn, esteemed physician and comrade.

THE PRESIDENT: I bring you a message, gentlemen, from President Sills, of Bowdoin College. The message came to us to-day. President Sills think that we, as a medical association, should be acquainted with the fact that last month the Supreme Court of the State of Maine decided that the Merritt-Garcelon bequest, which will yield for the chief purpose for which it was intended, medical scholarships for medical students, an annual income of about \$7,500, by this decision of the Supreme Court will soon be available for any young men in Maine who may apply through the President of Bowdoin College for a scholarship in some medical school. The intention of the donor was that this instruction should be received in the Medical School of Bowdoin College. The Supreme Court now allows that the greater part of this income may be given to medical students who may select a medical school outside of our state. Medical education in Maine is dead. Medical education for Maine boys acquired outside of Maine may be greatly helped on by this bequest of Mrs. Garcelon, of California, made years ago in commemoration of her husband and her brother, both of whom were graduates of the Bowdoin Medical School.

THE PRESIDENT: Gentlemen, before we call on Dr. Spalding, I would like to announce that we have the pleasure of having with us

Major Mitchell, of the United States Army Medical Corps, whom we would be very glad to greet and to have him greet us. [Applause.]

Major Mitchell spoke in an interesting manner of the organized reserves.

THE PRESIDENT: The Sheppard-Towner Bill, by Dr. Spalding.

DR. SPALDING: Mr. President and Fellow Members of the Maine Medical Association: I am going to talk to you a few moments on the Sheppard-Towner or the Maternal Welfare Law.

DR. SPALDING reads.

THE PRESIDENT: Gentlemen, a few days ago a discriminating doctor made the remark that there are two surgeons working in country towns in Maine who are doing work in surgery quite comparable with that in the hospitals of large cities. One of them is Dr. Bliss, of Blue Hill, who will now have something to say to us on "General Practice; A Specialty and Opportunity." [Applause.]

DR. BLISS reads.

(Recess.)

THE PRESIDENT: Gentlemen, our confidence in a referendum I think perhaps has been somewhat jarred of late by the results of what the American Medical Association gave to us in the matter of our influence on alcohol. If, however, we have any confidence remaining and if it should come about that there should be a referendum of all those in the world capable of voting on what man living to-day is the very highest authority in the world on the subject of diabetes, I am quite sure that Dr. Elliott P. Joslin would get more votes than anybody else. [Applause.] Dr. Joslin has been called upon all the way from Arkansas east within the last few weeks to instruct doctors in this subject. Since we got in communication with him he has been elected President of the Harvard Medical Alumni Association, but all this has not prevented him from keeping his date with us to-day. He is down for the oration in medicine this year. However, Dr. Wakefield, of our committee, in correspondence with Dr. Joslin, received an option as to whether Dr. Joslin should go on from where he left off when he came to Portland the last time—and we have had several delightful opportunities to hear from him here that we are now glad to share with the doctors of the whole state—whether he should try to make a scientific synopsis of the whole subject, whether his talk to us should be of a highly technical character, or whether it should be just a plain talk for practicing doctors as to how they will deal with their diabetic patients to the best advantage. Dr. Wakefield elected the latter alternative, and

we are very fortunate indeed to have in prospect such a practical talk from Dr. Joslin. [Applause.]

DR. JOSLIN delivers the oration.

Adjournment to evening session.

### Third General Session.

WEDNESDAY, JUNE 28, 9.00 A. M.

The convention was called to order by President Thayer.

THE PRESIDENT: To accommodate Dr. Morrison, Dr. Webber has kindly consented to exchange and give Dr. Morrison the first place on our program this morning. It might be remarked that some of us have known Colles' fractures to be regarded as sprains, and we will do well to get points on this matter from Dr. Morrison, who has been interested in it, to my knowledge, for some months at least. "Colles' Fractures," by Dr. C. C. Morrison, Jr., of Bar Harbor.

DR. MORRISON reads.

THE PRESIDENT: The paper of Dr. Morrison is now open for discussion. Has anyone any comments to make on the subject of Colles' fracture? [No response.] The plates will speak for themselves and can be examined while we proceed to the next paper on our program. We hear a good deal now about the dangers of hypertension from patients and from doctors, who suffer from the same thing themselves. A good many of us, I think, are a little discouraged with the results which we had hoped to get from treatments of this condition, and perhaps we shall be encouraged after we hear Dr. Webber's paper. Dr. M. Carroll Webber, of Portland.

DR. WEBBER reads.

THE PRESIDENT: The next paper is "Hydrotherapy," by Dr. William W. Bolster, of Lewiston.

DR. BOLSTER reads.

THE PRESIDENT: Now, Dr. Gerrish, won't you wind up this whole subject from Dr. Frothingham on for us?

DR. GERRISH: Mr. President, I don't know as I have anything to add. I thank you.

Adjourned until 2.00 P. M.

**Fourth General Session.**

WEDNESDAY, JUNE 28, 2.00 P. M.

The meeting was called to order by President Thayer.

THE PRESIDENT: Gentlemen, the first item on the program for this afternoon is a paper on a topic of very present interest. I think many of us have observed in years past that medical attention has been concentrated upon one particular subject—for instance, at one time tuberculosis. Just now it may seem that there is a trend toward especial interest in cancer, perhaps in part on account of the development in the use of radium. At any rate, the cancer control problem is for us all an interesting subject, and will be presented by Dr. Edward H. Risley, of Waterville, who has been so active in bringing the attention of the people of Maine of late to this important subject. Dr. Risley. [Applause.]

DR. RISLEY reads.

THE PRESIDENT: Mr. Henry F. Merrill, who, as you know, is the man to whom we are indebted more than anybody else for our state pier, wishes to have the members of the Maine Medical Association notified that they will be very welcome to inspect what has been done, is being done, and is intended to do, in the construction of the state pier, and will be glad personally to guide a group of our members over the site of the pier and explain these matters to them. I would suggest that at the close of this session any members of the Association who care to avail themselves of this offer should announce by telephone to Mr. Merrill, at Randall, McAllister & Company's, their approach. It is a short walk down to the Randall & McAllister wharf and from there to the proposed pier.

In the last number but one of the *Journal of the American Medical Association* occurs this item: "At a banquet in St. Louis, given by the American Association of Anesthetists, Dr. James Tayloe Gwathmey, New York, was presented with a silver loving cup, which read: 'Founder and first president of the American Association of Anesthetists. For advance in the research, practice and literature of anesthesia. 1912-1922.'" Last evening we heard the subject of cults clearly set forth by as able an expositor as could have been found. Yesterday afternoon we heard diabetes set forth by probably the highest living authority on the subject. It looks very much as if we were getting the highest living authority this afternoon on practical anesthesia. I take great pleasure in calling upon Dr. James T. Gwathmey, of New York. [Applause.]



DR. GWATHMEY reads.

THE PRESIDENT: The next thing, gentlemen, is Dr. Bryant's report from the House of Delegates.

THE SECRETARY: Mr. President, the reports of the Secretary and Treasurer were published in full in the last MEDICAL JOURNAL, and it will not be necessary to take them up again.

It was voted to accept the amendment to the Constitution proposed at the last annual meeting, giving the ex-Presidents the privileges of delegates, but without the right to vote.

Voted to approve the request of the National Women's Auxiliary of the A. M. A. for a state organization.

Voted to accept the report of the Budget Committee for the ensuing year:

President's expenses,	\$100.00
Salary of Secretary and Treasurer,	100.00
Stenographer and traveling expenses of the Secretary,	300.00
Legislative Committee,	500.00
Expenses of Councilors,	150.00
Committee on Venereal Diseases,	25.00
Other committees,	100.00
Maine Medical Journal,	500.00
Delegate to the A. M. A.,	250.00
Two Public Health Clinics,	200.00
Medical defense,	500.00
Annual meeting,	300.00

Total estimated expenses for the ensuing year,	\$3,025.00
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Voted to accept the report of the Committee on Resolutions, as follows:

#### PERIODIC MEDICAL EXAMINATIONS.

WHEREAS, The need and value of periodic medical examination of persons supposedly in health are increasingly appreciated by the public, it is recommended by the Council on Health and Public Instruction that the House of Delegates authorize the Council to prepare suitable forms for such examinations and to publish them in *The Journal of the American Medical Association*, and the county medical societies be encouraged to make public declaration that their members are prepared and ready to conduct such examinations, it being understood that the indigent only shall be examined free of charge, and that all others are expected to pay for such examinations.

We suggest that this resolution of the A. M. A. be referred direct to the county societies, and that they appoint committees to carry it into effect.

#### PUBLIC HEALTH.

We approve of the three years health program of the Maine Public Health Association as endorsed by our Committee of Public Relations. As an important

feature of this plan is the furnishing of public health nurses to the different communities, we recommend that all public health nurses be controlled from within the state and be placed under the supervision of the Department of Nursing and Child Welfare of the State Board of Health.

#### MEDICAL ETHICS.

We approve of the change in Article I, Chapter II, Section 4, of the principles of medical ethics as amended to read as follows:

"Solicitation of patients by physicians as individuals, or collectively in groups by whatsoever name these be called, or by institutions or organizations, whether by circulars or advertisements, or by personal communications, is unprofessional. That does not prohibit ethical institutions from a legitimate advertisement of location, physical surroundings and special class—if any—of patients accommodated. It is equally unprofessional to procure patients by indirection through solicitors or agents of any kind, or by indirect advertisement, or by furnishing or inspiring newspaper or magazine comments concerning cases in which the physician has been or is concerned. All other like self-laudations defy the traditions and lower the one of any profession, and so are intolerable. The most worthy and effective advertisement possible, even for a young physician, and specially with his brother physicians, is the establishment of a well-merited reputation for professional ability and fidelity. This cannot be forced, but must be the outcome of character and conduct. The publication or circulation of ordinary simple business cards, being a matter of personal taste or local custom, and sometimes of convenience, is not *per se* improper. As implied, it is unprofessional to disregard local customs and offend recognized ideals in publishing or circulating such cards.

"It is unprofessional to promote radical cures; to boast of cures and secret methods of treatment or remedies; to exhibit certificates of skill or of success in the treatment of diseases; or to employ any methods to gain the attention of the public for the purpose of obtaining patients."

This is the code of ethics of the American Medical Association, and, according to our Constitution, becomes that of the Maine Medical Association.

#### STATE MEDICINE DEFINED.

The Maine Medical Association hereby declares its opposition to all forms of "state medicine," because of the ultimate harm that would come thereby to the public weal through such form of medical practice.

"State Medicine" is hereby defined for the purpose of this resolution to be any form of medical treatment, provided, conducted, controlled or subsidized by the federal or any state government, or municipality, excepting such service as is provided by the army, navy or Public Health Service, and that which is necessary for the control of communicable diseases, the treatment of mental disease, the treatment of the indigent sick, and such other services as may be approved by and administered under the direction of or by a local county medical society, and are not disapproved by the state medical society of which it is a component part.

#### WORKMAN'S COMPENSATION.

WHEREAS, it is the intention of physicians and surgeons to collect their legitimate fees allowed under the Workman's Compensation Act from patients in the wards of our general hospitals, the President and Secretary of this Associa-

tion are authorized to employ counsel to defend any test suit that may arise in the endeavor to deprive the physicians and surgeons of this Association of their legitimate rights.

#### MEDICAL DEFENSE.

We recommend that the Secretary be authorized to make such changes in the wording of the Defense Act as to make defense applicable to all members of the Association, whether insured or not insured.

We also recommend that all members take out indemnity insurance, as recommended by the Defense Committee.

#### LEGISLATION.

WHEREAS, we believe that there should be a fundamental educational standard high enough to protect the public, for all those who propose to practice the healing art, we recommend that the Committee on Legislation, together with the officers and Councilors of this Association, take this matter under consideration and prepare a new bill of medical licensure to be presented at the next legislature.

The Committee on Nominations reported to the House of Delegates the following, which are elected:

*1st Vice-President*—Dr. J. W. Nichols, Farmington.

*2nd Vice-President*—Dr. W. N. Miner, Calais.

*Secretary and Treasurer*—Dr. B. L. Bryant, Bangor.

#### BOARD OF COUNCILORS.

*Fifth District*—Dr. W. J. Gilbert, Calais.

*Sixth District*—Dr. James McFadyen, Milo.

#### COMMITTEES.

*Scientific Work*—Dr. Carl Robinson, Portland; Dr. F. N. Whittier, Brunswick; Dr. Allan Woodcock, Bangor.

*Public Policy and Legislation*—Dr. L. P. Gerrish, Lisbon Falls; Dr. G. R. Campbell, Augusta; Dr. J. B. Drummond, Portland.

*Veneral Diseases*—Dr. F. N. Whittier, Brunswick; Dr. H. W. Stanwood, Rumford; Dr. E. E. Holt, Sr., Portland.

*State Hospitals*—Dr. C. P. Wescott, Portland; Dr. W. B. Sanborn, Winthrop.

*Cancer*—Dr. E. H. Risley, Waterville; Dr. H. E. Thompson, Augusta; Dr. Mortimer Warren, Portland.

*Necrologist*—Dr. James A. Spalding, Portland.

*Committee on Hospitals*—Dr. F. W. Mitchell, Houlton; Dr. W. N. Miner, Calais; Dr. H. F. Morin, Bath.

*Delegate to the A. M. A.*—Dr. B. L. Bryant, Bangor; alternate, Dr. F. Y. Gilbert, Portland.

*Delegate to the National Council, Medical Education*—Dr. D. A. Robinson, Bangor.

*Delegate to the National Legislative Council*—Dr. Addison S. Thayer, Portland.

*Delegates to State Societies*—New Hampshire, Dr. J. A. Spalding, Portland; Vermont, Dr. Geo. B. O'Connell, Lewiston; Massachusetts, Dr. T. J. Burrage, Portland; Rhode Island, Dr. Carl Robinson, Portland; Connecticut, Dr. E. H. Bennett, Lubec.

*Visitors to State Sanatoria*—Dr. C. E. Sylvester, Portland; Dr. Carl O'Brien, Bangor.

*Committee of Medical Defense*—Dr. T. E. Hardy, Waterville; Dr. B. L. Bryant, Bangor; Dr. E. G. Abbott, Portland; Dr. F. H. Jackson, Houlton; Dr. E. V. Call, Lewiston.

*Committee on Public Relations*—Dr. S. J. Beach, Portland; Dr. T. E. Hardy, Waterville; Dr. E. D. Merrill, Dover-Foxcroft; Dr. Richard Small, Portland; Dr. Clarence Kendall, Augusta; Dr. B. L. Bryant, Bangor; Dr. F. Y. Gilbert, Portland.

*Committee on Medical Education*—Dr. F. H. Badger, Winthrop; Dr. F. W. Mann, Houlton; Dr. D. A. Robinson, Bangor.

The next meeting will be held on June 12, 13 and 14, 1923, at Houlton.

THE PRESIDENT: Gentlemen, there is one comment upon this report—upon one item of it—that I wish to make, and that is, the salary of the Secretary and Treasurer, \$100.00. At one of the meetings of the county secretaries I expressed the feeling that, in view of the absurdly small salary that we pay our Secretary and Treasurer, considering what he gives us in return, there should be some sort of an approach to adequate compensation. Dr. Bryant has expressed to me his unwillingness to accept more than \$100.00 a year salary for what he does. Gentlemen, the report of the House of Delegates is before you for action. Dr. Bryant says that it does not require any action, that these men are elected, and these acts of the delegates are merely reported to us. There remains, then, only the matter of the election of a President-elect. We have elected already Dr. Snipe as President for the coming year, and we call now for nominations for President-elect.

DR. RICHARDSON, of Skowhegan: Mr. President, I wish to present the name of a country practitioner who has served a large clientele for thirty-seven years faithfully and well, a man respected in our county and who is also respected by his clients. This man is a man who has been devoted to his county association, has worked hard for it, and has been a worker for our county in all things pertaining to the welfare of the Medical Association, and I take pleasure in presenting the name of Dr. C. A. Moulton, of Hartland. [Applause.]

DR. BADGER, of Winthrop: Mr. President, and Gentlemen of the Association: It is with great pleasure that I rise to second the nomination of a country practitioner who has been always faithful

to every good thing concerning the county and state association. I heartily second the nomination of Dr. Moulton. [Applause.]

DR. KERSHNER, of Bath: Mr. President, it gives me pleasure also to second the nomination of Dr. Moulton. I am sure he will serve us faithfully and raise the standard of our Association. I would move that the nominations close.

Thereupon, a viva voce vote being taken, the motion of Dr. Kershner that the nominations close prevailed.

THE PRESIDENT: We therefore have before us the nomination by Dr. Richardson, of Skowhegan, of Dr. Moulton, of Hartland, as President-elect.

Thereupon, a viva voce vote being taken, Dr. C. A. Moulton, of Hartland, was unanimously elected President-elect for the ensuing year.

THE PRESIDENT: We would like to hear from the President-elect, Dr. Moulton.

DR. MOULTON: Mr. President and Gentlemen of the Maine Medical Association: It is with a sense of great gratitude that I feel that the members of the Maine Medical Association living in the county of Somerset have received so great an honor. So far as I am personally concerned, I shall see to it, so far as my ability will allow, that your confidence is not mislaid. [Applause.]

THE PRESIDENT: Gentlemen, I would like to express personally my thanks to all the many who have contributed to the success of this meeting. Is there any other business to come before us?

DR. KERSHNER: Mr. President, it would seem, after enjoying these two days at the hands of the management of the hotel, that it would be well to express, through our Secretary, our appreciation of the many courtesies extended to us.

Thereupon, by a viva voce vote, the Secretary was instructed to express the Association's appreciation of the courtesies shown it by the hotel management during this meeting.

THE PRESIDENT: If there is no further business, this meeting stands adjourned until June 12, 13 and 14, 1923, at Houlton, Maine.



## *County News and Notes.*

### KNOX.

#### KNOX COUNTY MEDICAL SOCIETY.

Had there been a case of sickness in South Thomaston last night, it would have been well cared for, as there were forty-three doctors under one roof in that town. The occasion was a special meeting of the Knox County Medical Society, with doctors from neighboring counties as special guests. The splendid shore dinner served by Mrs. L. B. Smith at Wessaweskeag Inn impressed the medics as a perfect gastronomic occasion, but is barely possible that the doctors gave it more liberal patronage than scientific rules would justify.

Dr. William Sharpe, neurological surgeon, connected with the Post Graduate Hospital of New York City, and one of the most distinguished members of the medical profession, was the principal speaker. His subject was "Acute Brain and Spinal Cord Injuries." Other speakers were Dr. Langdon T. Snipe, of Bath, and Dr. Bertram Bryant, of Bangor, President and Secretary, respectively, of the Maine Medical Association; Dr. Kendall, State Health Commissioner; Dr. Kirschner, of Bath, and Dr. Small, of Belfast.

The forty-three supper guests were:

Rockland—Dr. W. M. Spear, Dr. N. A. Fogg, Dr. C. D. North, Dr. E. B. Silsby, Dr. F. O. Bartlett, Dr. H. W. Frohock, Dr. F. B. Adams, Dr. William Ellingwood, Dr. A. W. Foss, Dr. H. V. Tweedie, Dr. A. C. Hill, Dr. C. E. Buchanan.

Union—Dr. H. H. Plumer, Dr. L. W. Hadley.

Newcastle—Dr. J. W. Loughlin.

Vinalhaven—Dr. W. F. Lyford.

Thomaston—Dr. B. H. Kellar, Dr. A. P. Heald.

Augusta—Dr. C. F. Kendall, Dr. G. H. Coombs.

Warren—Dr. F. G. Campbell.

Searsmont—Dr. M. C. Moulton.

Belfast—Dr. C. H. Stevens, Dr. Elmer Small, Dr. E. L. Stevens.

Bath—Dr. Langdon T. Snipe, Dr. H. F. Morin, Dr. Hannigen, Dr. W. E. Kirschner.

Woolwich—Dr. A. A. Stott.

Bangor—Dr. B. L. Bryant, Dr. John B. Thompson, Dr. L. J. Wright, Dr. W. Merritt Emerson, Dr. C. H. Burgess, Dr. H. D. McNeil, Dr. A. W. Fellows, Dr. H. M. Goodwin.

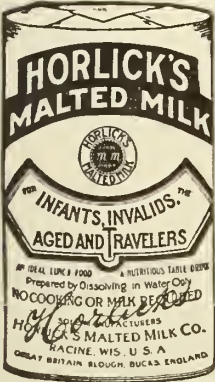
Camden—Dr. A. J. Greene, Dr. J. G. Hutchins, Dr. W. F. Hart.

New York City—Dr. William Sharpe.

Tenant's Harbor—Dr. C. H. Leach.

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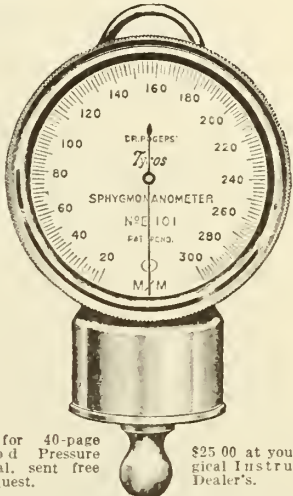
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The PH range—6.6 to 8.6—permits the use of this apparatus for determining the hydrogen-ion concentrations, within practical limits, of

**INTRAVENOUS SOLUTIONS.**

As indicated in the papers of Williams and Swett, "The Journal," A. M. A., April 8, 1922, p. 1024, and Mellon, *ibid*, p. 1026, it is dangerous to inject relatively large volumes of solutions into the blood stream which have a hydrogen-ion concentration differing appreciably from normal blood, approximately, PH 7.4. Solutions outside of the PH range—6.6 to 8.6—would, of course, be unsafe to use.

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## YORK.

## YORK COUNTY MEDICAL SOCIETY.

The Summer Meeting and "Ladies' Day" was held at Hotel Vesper, Old Orchard, Friday, July 28th.

Following the dinner, at 2.00 o'clock, Dr. J. L. Pepper, of South Portland, District Health Officer, gave an interesting discourse on "Modern Sanitation," speaking especially of the proper disposal of sewage. Dr. C. F. Kendall, State Commissioner of Health, also spoke of various matters pertaining to the State Department of Health. Dr. A. G. Wiley, Bar Mills, President of the Society, presided and made some interesting reports with reference to pollution of water used for drinking.

It was a pleasant day and an unusually enjoyable event. Adjournment was at 4.30 P. M.

The following were present: Dr. and Mrs. C. F. Kendall, Augusta; Dr. and Mrs. J. L. Pepper, South Portland; Dr. and Mrs. F. W. Smith, York Harbor; Dr. and Mrs. D. E. Dolloff, Dr. and Mrs. G. C. Precourt, Biddeford; Dr. A. J. Simpson and Miss Simpson, Kennebunk; Dr. Laura B. Stickney, Saco; Dr. G. F. Hubbell, New York; Drs. A. G. Wiley, H. A. Owen, Bar Mills; C. W. Blagden, W. H. Kelley, Sanford; Dr. and Mrs. J. A. Randall, Dr. and Mrs. A. L. Jones and two children, Old Orchard.

ARTHUR L. JONES,  
*Secretary.*

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## Note.

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FRANK Y. GILBERT, M. D.,  
148 Park Street,  
Portland, Maine.

*Dear Doctor Gilbert:*—There have been several complaints made to me, and to the Board, that physicians who come to Maine for the summer with these so-called "summer camps" have not only been practicing illegally by caring for the guests of these camps, but have also accepted patients in the towns or vicinity where located. This is absolutely contrary to the law and not fair to the "all-the-year-round" practitioners.

I shall appreciate it if you would insert this communication in the MAINE MEDICAL JOURNAL, stating that complaint made to me with the name of the camp and the physician in charge, and the matter will receive immediate attention.

Also, once more, will you ask the medical men to report instances where chiropractors are using the prefix "Dr." and holding themselves out as medical practitioners?

Yours very sincerely,  
ADAM P. LEIGHTON, JR., M. D.,  
*Acting Secretary.*



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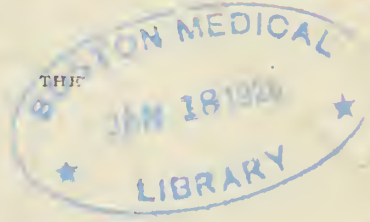
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Maine Medical Association meets in Houlton, June, 1923

P. 43-56 next

# THE JOURNAL

OF



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The Official Organ of the State and County Medical Societies.

VOL. XIII, No. 2.

SEPTEMBER, 1922.

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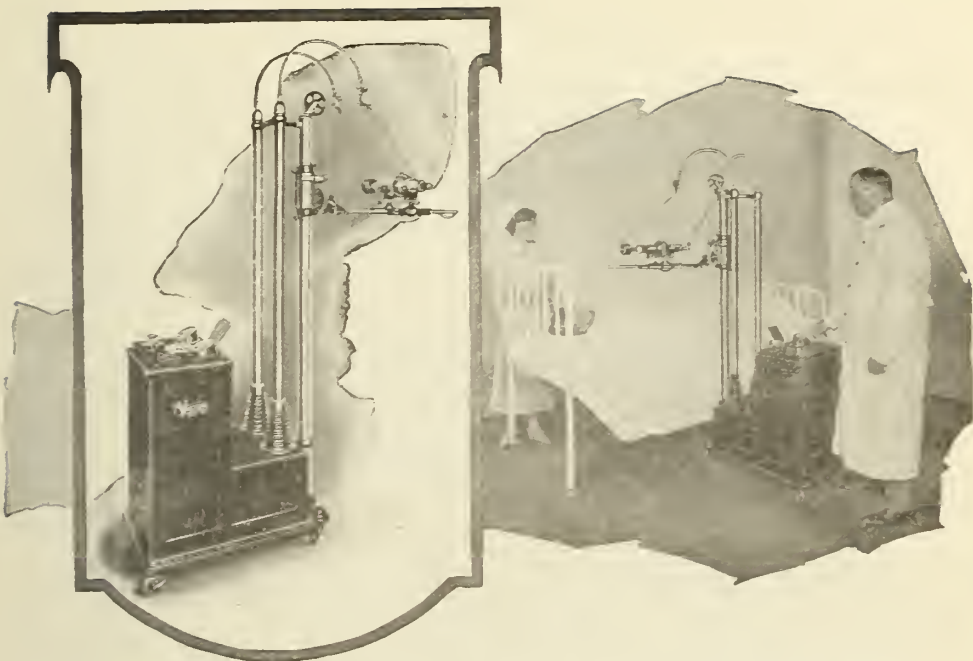
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the one lofty ideal of this law is, that for the first time in the history of the nation, public attention is called to the fact that too many mothers die in childbed and too many infants die before they are a single year of age. It is a good thing for the nation to ponder over this fact for a while, and then to study it earnestly, until visible improvement is obtained.

The State Board of Health has already adopted and is ready to put into motion a set of rules for the study of this topic and with those rules I am in perfect sympathy. They should be read by all. I come here, additionally to affirm that the Board stands not only in need of the support of the women and of the trained nurses, if the law is accepted, but above all of that of all physicians whether of Maine or elsewhere. All of them ought to be called upon for help, and I hope that when called upon not a single one of them will fail in his answer or stand aside, indifferent.

Leaving now to the authorities at Augusta to decide whether or not the law shall be accepted at its apparent value, I come to obtain your assistance in carrying out the one high ideal of the law for aiding mothers and infants. If you had been present at the hearing of last week, you would have been impressed by the earnestness of all who spoke for or against the law. All favored the idea of the law; some objected only to government supervision. The hearing did one good thing, in that it brought forward for the first time in the history of Maine this great question: Why do women die in childbirth and why do so many infants die too early; what are the best means to prevent this disaster to the State? I therefore take as my text for the remainder of this paper this fact; that in 1918 in Maine one hundred and twenty-two women died in childbirth. What can the Maine Medical Association do for its share in preventing this mortality, and do it better than any officials?

The finest opportunity for medical co-operation with the State Board of Health for the prevention of deaths in childbirth and in infancy lies, I think, in the establishment by the Maine Medical Association of an Obstetrical Section similar to the Eye and Ear Section now in working order. Let each County Society, also, follow up the good work, let obstetrical papers be read once a year in each County Society, and the best of them presented at an annual Symposium of the Obstetrical Section, held in connection with the annual meeting of the Association. A renowned specialist in obstetrics should also be invited into Maine once a year to give us a talk, and then no local expert could complain that somebody else in the State had been preferred to himself to read the paper. In addition to such a program, why not offer a

stimulus for studious papers in the shape of a money prize, or of a silver or gold medal, every few years, for the most practical paper read on the prevention of maternal and infantile mortality?

It is not for me, a student in other branches of surgery for more than fifty years, to advise you precisely what you should do for obstetrical advances, but I venture to advise this much: Make the study of obstetrics in all its branches a higher aim for medical practitioners than it seems ever to have been made in Maine, or indeed anywhere in the nation as a whole. Shining lights in obstetrics we have with us always, but the general practitioner of to-day ought to know a great deal more about this subject than now appears to be the case. This, I judge, is needed from state-wide conversation and correspondence with many skilled physicians.

The uses and abuses of the Cæsarean section, the art of utilizing forceps, and the formidable enigma of eclampsia are other important items for obstetrical study, and yet there is one other element in deaths in childbirth needing deeper investigation. Are the heads of infants larger than they used to be; is the incompressibility of average infantile heads less than of old, so that from the one reason or the other mothers die oftener than used to be the case? So, too, the study of maternal mortality a century ago from books and documents should be prosecuted and the percentages of deaths and of the use of forceps presented for consideration and discussion. Here, then, are subjects for future essays to be presented to an Obstetrical Section of the Maine Medical Association. I long to see it set in motion at once.

I ask you, also, to make a study of midwife practice, to see if it exists considerably, amongst our immigrant population or elsewhere, and if it ought not to be regulated more carefully. Would it not be wise, also, to encourage trained nurses to specialize in obstetrics, by becoming registered physicians, after satisfactory studies in lying-in hospitals? Some women, it is understood, prefer to rely on women physicians when lying-in, rather than on men.

Thus you see, as we proceed, how one idea suggests another, and I hope that this paper may bring out from your minds other points of value concerning this vitally important maternity and infantile welfare business. Do not forget that this law is with us. If constitutional, it is bound to go farther, to get beyond the control of our local boards of health and of our physicians, unless we try to understand its purposes and to advance its benefits in every manner. Therefore, every physician should work in this matter as well as he can, helpful to his patients first, and thence to the State Board of Health and ultimately to the State and its people.

We are already tied down tremendously by rules and penalties and we must resist further encroachments upon our means of living. Think of the red tape that has to be cut in order to obtain a solution of cocaine in case your supply has run out and a patient is suffering merely from a cinder in an eye. Think, too, of present day troubles in obtaining pure alcohol for sterilizing purposes or curing discharges from the ear.

Nor do we want officials from anywhere peering into the homes of expectant mothers or studying at the bedsides of sick infants. The preventive for all this is to keep them out by good honest work on the part of every physician, so that there will be no possible excuse for any sort of governmental supervision.

Think, too, how statistics can be manipulated! Many cases of death in childbirth have been, as I have been assured, registered as due to meningitis. Many lying-in women, on the contrary, have died from influenza, yet they are tabulated under diseases connected with childbirth. Let every physician, therefore, search his conscience, and make his reported causes of death plain and convincing, so that false statistics can no longer be utilized for political propaganda.

Have you heard, as I did of late, that more people die of cancer in Portland than in any other city of its size in the United States? Did you ever hear that the percentage of deaths amongst lying-in women in Portland was larger than in any other city of its size in the nation? Or that more infants under one year of age died in Biddeford, than in any other city, proportionally to its population, in the world? If such items are true, how do we happen to see these very same questions put up to the people of California and Colorado and Texas, concerning their largest city? How can it all happen, except from a nation-wide vicious propaganda for governmental supervision? If our physicians make our statistics properly, and report our deaths without evasions or reservations, Maine will have no reason to complain of her position in comparison with other states as to maternal and infantile mortality.

Here, finally, is one more way in which we can do our share in reducing mortality, as considered under a mothers' and babies' law. Let us elect to the Legislature of 1923-24 men and women who are awake to the law before us, but who understand that you cannot reduce mortality by mere studies of why mothers and infants are dead. It is a fact that expectant mothers and new-born infants do better in hospitals than in their own homes, where the surroundings are unsanitary. Physicians may do their best in this respect, but they cannot keep meddlesome neighbors and midwives from the lying-in room. Maine, therefore, should not only give more money than ever before to the State Board of Health, but she should provide beds for expectant moth-

ers and for new-born infants in her hospitals. Let us try, then, to choose legislators who will attend to this important means for preventing mortality. More than this, make it plain to the hospital authorities, that in accepting this money for their annual needs, a certain part of it is to be used, exclusively, for the maintenance of beds for obstetrical patients as under the law. Let the State Board of Health be empowered to see that such hospital funds are used for that distinct purpose. Then, let nurses and internes and the boards of health study, according to the law, under the supervision of the obstetrician on the staff of the hospitals or under that of a capable physician. Finally, urge the state to give a gold medal every five years for the best paper on obstetrical advance produced within its borders.

Help Maine mothers and babies to live! Our climate is different from that of other states, our people are differently built, our health conditions are different. It would be folly to copy what other states or other nations have done for the nationalizing of medicine in any of its branches, for such movements have largely failed. The man or the woman who becomes famous never copies anybody. They work out their own paths to success. Maine should do likewise, and her officials, people and physicians should look askant at any form of medical control and medical bribery by the central government. Let us have Maine mothers and Maine babies, but not those that are made in Washington.

THE PRESIDENT: Gentlemen, is there any one of us who will venture to say anything in discussion of the Sheppard-Towner law?

DR. WHITTIER: Mr. President and Members of the Convention: I agree with pretty much all that has been said—perhaps all that has been said—in reference to the necessity of the State of Maine taking a greater interest and making greater appropriations for the care of our mothers and babies. I do not have quite the feeling that the author of the paper seems to have in regard to the pernicious activities and hostility of the government at Washington. I never have thought of the central government of the United States as being such an enemy to us. In certain ways I have come in contact with men from Washington who have come on here to inspect and to aid certain activities, and I have always found them helpful and trying to improve conditions in the state. We have heard more or less about the different aid coming from the general government being unconstitutional; but we are still taking it for education, for agriculture, for forestry, for social hygiene, and a great many other things; and it seems to me that this aid not only gives material assistance to Maine, but it also gives us courage. When we get some money for social hygiene, the legislature feels more disposed to

put in money on its own account, and that particular interest advances in Maine.

We hear it said again that this measure is unconstitutional. Perhaps it is. If it is unconstitutional, we will find it out, and of course we won't give the money and we won't use the money; but I fail to see, looking at it in a general way—I am not a lawyer; I studied law a year, but that makes me feel that I know nothing about it whatever—looking at it in a general way it seems to me that this might come under the implied powers of the constitution as well as the aid to agriculture, forestry, education, and a lot of other things.

Again, it has been said that \$5,000 is a small appropriation; but \$5,000 is \$5,000; and those of us who have had trouble in prying so small a sum as \$5,000 from the Maine Legislature know that it is a difficult thing to do sometimes, and it rather looks as though it might be still more difficult in the immediate future.

Now about this entering of homes, spoken of. I do not believe that that is such an imminent danger. These other inspectors sometimes enter homes. The government milk inspector came to me at one time and entered the homes and made inspection of people engaged in the milk business. They did not do any harm; they did a lot of good in my opinion in the places where they were; and I do not believe these terrible government inspectors from Washington would do damage entering the homes. And there is a certain reason why a nation-wide investigation, carried on by the general government, and looking at phases of the situation all over the United States, is of more general advantage and shows definite results better than a little state investigation, carried on here and there, and not following any general plan. I speak in favor of the general principle of accepting aid from the general government when we can get it. It is said that we pay this all back to the general government. Well, frequently in the case of the State of Maine we do not pay it all back. We get \$5,000 just the same as Pennsylvania gets \$5,000; and, of course, we know that our United States tax, collected in various ways from Maine, is not the same as the United States tax from Pennsylvania. We do not pay one forty-eighth of the whole United States tax; so probably our \$5,000 that we get would not cost the people of the State of Maine \$500 or anything like it.

I hope that this paper will be generally discussed, because it seems to me that it is a very vital principle. We are getting hundreds of thousands of dollars here in Maine every year from the federal government in helping along different activities of our state, and, if the principle is wrong and we ought not take any of this money, I think the sooner we come to this decision the better. I do not believe it is wrong.



I believe there is a fundamental reason why, as the country grows and everything becomes more complicated, all activities more complicated,—that there is a greater necessity for the general government to take up health affairs and give assistance to different things for the different activities of the Union. I thank you. (Applause.)

THE PRESIDENT: Gentlemen, before we go any farther, would it not be well for us to ask Dr. Cousins to stand up and let us give him a hand? (The convention rises and applauds.)

THE PRESIDENT: Dr. Beach, we will be glad to hear from you if you will come to the platform.

DR. BEACH: Mr. President and Members of the Maine Medical Association: When Dr. Spalding asked me if I would discuss his paper, it was with the knowledge that there were many points in it with which I do not agree. I was very glad to have Dr. Whittier bring out the other side of the federal aid law, because the thing that is going to hurt the medical profession with the people who are interested in public health work and in medical work—and really when all is said and done can do more to help the medical profession than any other group,—the thing that is going to hurt us with them is that we have selected one law of the federal aid type to attack instead of attacking federal aid as a method of carrying on legislation. I am afraid that the action that the American Medical Association took with regard to this act will have the effect of setting back the heart's desire of the American Medical Association a great many years. I refer to the establishment of a national health department. Our greatest assistance in establishing such a department has come from public health workers. They have been far more active, and are far more numerous I may say, than the physicians, and we cannot do a thing without their aid. They have become suspicious of us on account of our antagonism to this Sheppard-Towner Bill, because they feel that there must be something selfish underlying our activity against this bill when for years—almost a half century, certainly since the establishment of the federal land grant colleges—federal aid has been a recognized principle in United States legislation.

I cannot go into the details of this bill further in the short time allotted for discussion; but I wish to clarify one or two points that are obscure in the minds of a good many persons who have studied this bill with great care. The first one is that it does not make a particle of difference whether we favor federal aid legislation or not with regard to whether it is proper for us to accept \$5,000 from the United States Government. There has been a feeling, as one of the opponents of ac-

cepting this money expressed to me a short time ago, that if we refuse this \$5,000, it would in some way invalidate the activity of this bill in the State of Maine. Nothing could be farther from the truth than that. This bill has been passed by Congress, and nothing we can do will affect it in the slightest particle. It was passed by Congress, it was signed by the President, and the money which makes it valid was passed in a separate appropriation bill and is now available. It is available, as I understand, until the 30th of March next, and it is worth while to discuss this now because it will come up before the legislature this winter if the Governor does not accept it.

Before I go further, possibly it might be excusable to explain in a measure why federal aid has had to be invoked in this case. It is for the same reason that federal aid has always had to be invoked in legislation that has been neglected by our states. Now, that has been true of all the bills which have been brought of this stamp, and it is absolutely true of this work. You know what the state has done for maternity and child welfare. Well, after the Department of Health and the legislative committee of this Association had appeared before a series of legislatures, not until last year, in spite of the example of Massachusetts, New York and the other pioneer states, not until the last legislature was one cent appropriated for that work; and then what happened? They appropriated \$6,000 for that work. Were we allowed to use it? We were not. The Governor and his Council held up that appropriation until July of last year, and we do not know whether they are going to allow it to be carried on or not. Possibly they have come to a decision; but, if they have, I am not aware of it. They permitted it, however, to be used for the six months beginning with last January. Now it is that type of thing which impels the federal government to do this sort of work, and not, in my belief, a desire to interfere with the state. Anything that the federal government can do in the State of Maine under this act, if we accept that money, it could have done last year, the year before or twenty years before that act was passed; and our accepting \$5,000 does not in the slightest degree validate its actions. Neither does our refusing it, which is more important, invalidate it. Now that is a thing to remember. If you want to throw away that \$5,000, do it, but do not do it with the idea that you are rebuking the federal government, which has had this act accepted by the representatives of sixty-three million people, and do not do it with the idea that you are preventing this thing from being valid in the State of Maine. The federal census has been taken here for years by federal representatives. There was no act on the part of the State of Maine that could prevent you or me from making a house to house canvas to find out about maternity

conditions, with or without the Sheppard-Towner Bill, provided we were not thrown out by the householder; and there is nothing in the Sheppard-Towner Bill that would allow us to do this in case the householder threw us out. We are not accepting a law, we are accepting money. We need this \$5,000, and I sincerely hope that it will not be thrown away with the idea that in some way we are going to restrict the activities of the federal government.

DR. WEBBER: Dr. Beach, I would like to ask one question: Does the government take a certain percentage of the money of the State of Maine to support this bill where we take \$5,000?

DR. BEACH: I think that has been one of the misleading things. You are given the impression by the opponents of the bill that the more states accept this money, the more will in some mysterious way be allotted to Maine. Now, if you stop a moment you will realize that there is no such thing as an allotment to Maine. The guide is the amount of our payment of state taxes; that is, you know that Portland pays a certain allotment of a state tax. Portland does not pay any allotment of the federal tax at all; neither does Maine. Maine pays its money through custom duties, collected here at Portland, which are always meted out to the people through goods sold. A part are sold in Portland. A part sold in Portland may be entered in the customs office in Boston. I do not know whether I am answering your question accurately or not; but from the federal money obtained by tax and by customs impost, a certain portion has already been appropriated by the United States Government for this work, and our action will not affect it, as I understand it. This is on secondhand authority, because, not being a lawyer, I cannot work this out myself, and this is purely secondhand information. Have I answered your question?

DR. WEBBER: We pay a certain proportion anyway, whether we accept the \$5,000 or not?

DR. BEACH: That has already been paid, as I understand. I have a half minute in which I want to say that if you are going to bite off your nose to spite your face, it is always wise to be sure before you do it that your face is going to be spited by the action. (Applause.)

THE PRESIDENT: We will now listen to Dr. Spalding in rebuttal.

DR. SPALDING: Mr. President and Fellow-Members of the Maine Medical Association: I am sorry that this discussion should go off on the question of a \$5,000 bribe from the United States Government. It is dirty money and I am opposed to it. I have already discussed it and threshed it out at the hearing before the government, and

I told them that it is dishonest for the State of Maine to take \$5,000 from anybody for any purpose whatsoever, and I am opposed to it; and I shall state to the last that \$5,000 from the United States Government is a bribe to the State of Maine to sell their rights. I am not going to say anything more about bribery or the State Board of Health or anything about it. I want to know if any of you will back up the ideas which I have advocated that the doctors in Maine shall do something to help out this law, whether it is accepted in one form or another. I say that we can get along without any money just as we have before, and not stifle our consciences by accepting money that is dishonestly taken from the other states. Now I say that we, as Maine doctors, ought to get together and do something, and I have suggested to you plainly what I want done. I hope you will do it. I want you to study obstetrics and see if you cannot help out the state and the childhood of the state. You must recollect that the State Board of Health appearing here is an *ex parte* statement in their favor. It is their business to make their position good and to show the State of Maine that they are doing their business; but I am asking them as physicians to help us in the good work, and I am asking the Maine doctors to back them up and see if something cannot be done to prevent the women of Maine from dying in childbirth. I ask you this afternoon, will anybody do anything toward the establishment of an obstetrical section in the Maine Medical Association? Will they do anything to instruct the legislative committee to get money for the hospitals at the next session of the legislature? And will any of them take up any of the topics that I have introduced in my paper and make a business of presenting them at the next county meeting that they attend or at the next Maine Medical meeting in 1923? That is all I ask of you. I am sorry that politics should have got into this business and I tried to fight it as much as I could. All I ask is for the doctors to do something if they can, and I hope that they will; and I expect in 1923 to see a first-rate set of papers on the program on obstetrical topics. (Great applause.)

## JOURNAL OF MAINE MEDICAL ASSOCIATION

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## STATEMENT AND APPEAL FOR CO-OPERATION.

As a result of the stimulating suggestion of President Porras of Panama, it has been resolved that a fitting memorial shall mark the humanitarian service of the late Major General William C. Gorgas, and the beneficent influence of his life and work on mankind throughout the world. Following the thought of President Porras, it has further been decided that this memorial shall take the form of a scientific institute for the study of tropical diseases and of preventive medicine. No better place could have been selected than Panama City, the gateway between the Atlantic and Pacific, where General Gorgas' well-planned and executed work made possible the building of the Panama Canal.

The plan is to build at Panama an institute for the study of tropical and infectious diseases, with a hospital, laboratories, departments for research and all other facilities required in an institute of this character, erected and administered according to the most progressive, modern ideals. The Panamanian government has donated the great Santo Tomas Hospital, and also the ground on which it is proposed immediately to construct the buildings as they have been described. Dr. Strong has been appointed the scientific director.

In conjunction with this work in Panama, there will be established in Tuscaloosa, Ala., the Gorgas School of Sanitation, for the purpose of training country health workers, sanitary engineers and public health nurses, especially educated to deal with the problems peculiar to the Southern states.

A central committee has been formed, with Admiral Braisted, retired, ex-President of the American Medical Association, as its president. The American Medical Association has appointed a committee of three to work in accord with the central committee, and through its members this appeal is made to the American medical profession. An endowment of six and one-half million dollars will be required to enable the institute to carry on the work according to the plans which have been formed.

The campaign for funds is to be international. A large response is expected from North, Central and South America, since the nations of these countries have been the chief beneficiaries of the labors of General Gorgas. It is fitting that his co-workers of the American medical profession should be requested to respond generously to this appeal. It is hoped that every member of the American Medical Association will make as liberal a subscription as possible. Any sum will be gratefully received. Checks should be drawn to the order of the "Gorgas Fund" and should be mailed to the American Medical Association, 535 North Dearborn Street, Chicago.

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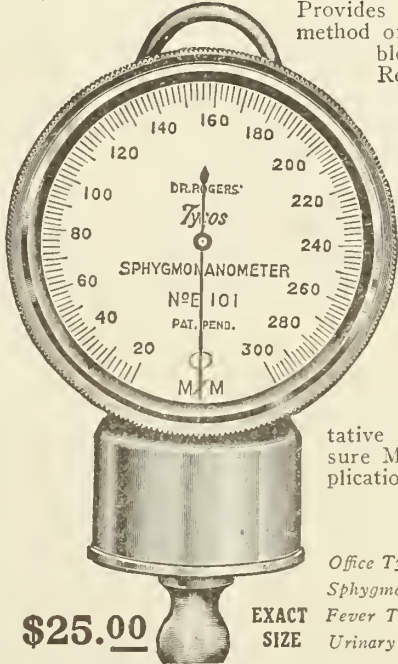
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## *Notice.*

### SECRETARIES' MEETINGS.

DEAR DOCTOR :

The first meeting of the officers, secretaries, councilors and committees of the Maine Medical Association will be held in Augusta, at the Augusta House, Thursday afternoon, Sept. 28th, at five o'clock. Supper will be served at six o'clock, after which the meeting will continue until the business is finished.

As this year the State Legislature meets and important matters must be considered, a special meeting of the Legislative Committee together with the Councilors, is called for four o'clock.

The chairmen of the Legislative, Scientific Work, Medical Defense and Public Relations Committees are asked to notify their members of this meeting, and get them together for organization and conference for the work of the year. This will be a very important meeting, and everyone receiving this notice must be present and help on the work.

The meeting of the New England Anti-tuberculosis Association will be in session at Augusta during this time. Prominent speakers from all over the country will be there. This will give you an opportunity to attend both meetings.

Mark the 28th on your calendar with a red pencil and begin now to get ready to come. Please reply.

Very truly,

BERTRAM L. BRYANT,  
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## NEW AND NON-OFFICIAL REMEDIES.

In addition to the articles enumerated in our letter of August 1st, the following articles were accepted during July:

Intra Products Company:

Ven Calcium Cacodylate Ampules—IpcO.

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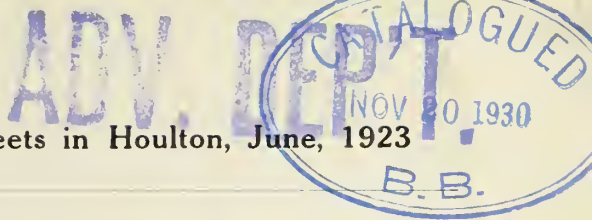
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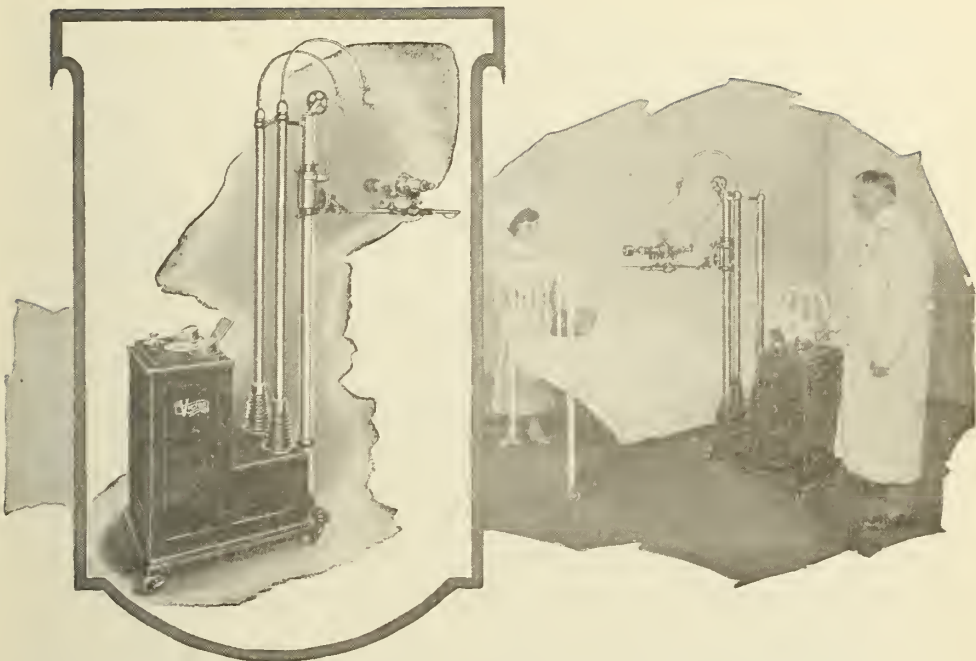
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No. 3

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### **\*ELEMENTS CONFRONTING THE ABDOMINAL SURGEON.**

By DR. WALTER N. MINER, of Calais.

In selecting a subject for discussion this morning I would naturally choose the one in which I have been most interested in the past from the viewpoint of diagnosis, prognosis and treatment. It has been my experience that so many different conditions, lesions and perplexities confront the abdominal surgeon that I believe a greater chance for discussion and controversy are open in this branch of surgery than in any other. Many times perfectly new and unexpected things are thrown right at you in your work, when not a whole minute is given you for diagnosis, prognosis and decision for treatment. I believe under such circumstances that a statement should be made by the operator as to what has been found, that an opinion may be ventured by his assistants or friends who are looking on that may be of material gain to him and to his patient in the decision to action or no action. It seems hardly possible for one man to correlate everything in connection with his case and decide all his plans of procedure alone. Even an assistant nurse, if she dares venture an opinion, will often be of material assistance, and if she be that then she should have the credit for the same.

\*Read before the annual session of the Maine Medical Association, June 27, 1922.

Under the heading assigned us many scores of points could be brought up which would be very useful at this meeting and bear careful consideration from all. Only a few at this time will be attempted, and one of the first in importance to me is: *Time* as an element in *diagnosis*.

To estimate properly the value of time, and to spend time wisely, one must have the largest possible experience in the weighing of initial symptoms of disease. Every surgeon with experience and honesty feels as though he must make a diagnosis before operating. No surgeon—and this is as much the case with the big man in the big city as it is with the little man in the little city—can, without having considerable time to follow up all the avenues in the case, say with positiveness, "There is the lesion," with any degree of alacrity, not even the usual surprising alacrity of our osteopathic friends. Even with the acute abdomen, so called, before us, we must needs have a short time to review our case unless the doctor bringing the patient in has a very clean-cut picture to present, and I am sorry to say this is not often the case, because many physicians bringing patients to the hospital for surgical treatment hustle them in without having availed themselves of their opportunity to study their particular case. They feel probably, as I formerly felt, we will have a diagnosis made when we get to the hospital. In making the diagnosis in an acute abdominal case, let me say, in passing, that the statements as given by the patient, if that patient be intelligent, should furnish 75 per cent. of the data necessary for you to make a diagnosis, leaving in my mind about 25 per cent. of the facts necessary to be determined objectively. I do have confidence in our X-ray men, also in our pathological findings and various tests used, but they do not give to you the real insight generally of your case that the patient can when he tells to you, in his own words, the first symptoms of trouble. In acute abdominal emergencies, all of which are signalized by abdominal pain more or less severe, is it justifiable to waste the precious moments, which alone make recovery possible, in waiting for symptoms to confirm your probable diagnosis? The suspected lesion is necessary to furnish the reply. Usually the physician does not reach one of these cases before sufficient confirmatory diagnostic signs exist. Ordinarily considerable time would be required before operation could be performed. These two spaces of time, jointly, should give the surgeon opportunity to survey his case, make sufficient diagnosis and immediate preparations for active service. The tendency to procrastination exists in all communities. Where it exists most we find the greatest number of calamities, proving conclusively that the

greatest amount of force, experience and common sense should be brought together *at once* for the patient's welfare. It may not always be possible to differentiate positively between the pain of biliary or renal colic, appendicitis or simple spasm, or possibly to differentiate between a gastric or duodenal ulcer, but if the symptoms are sufficiently strong to warrant a laparotomy it would be much better for us as surgeons to admit our pathology later, even if we were mistaken, and save our patient with an early interference, than it would be to still procrastinate, watching for symptoms and consequently lose our patient. My argument is always for the fellow that does the best he can *early*, at the proper time, rather than for the fellow that tries to educate himself at the expense of the patient.

One class of abdominal lesions particularly interesting to me are the cases of intestinal rupture or fracture of the liver, kidney or spleen. Any or all of these may be due to gunshot wounds or to trauma from external violence. Hemorrhages and general peritonitis are of such common occurrence after such accidents that we should be ever on the alert. I remember being in consultation with one of our best men on a case about twelve hours after an abdominal injury, having been caused by the kick of a horse. The temperature was sub-normal, there was no abdominal distention, there was very little pain, no vomiting, but the usual cachexia of shock, etc., which was quite noticeable. I advised immediate operation. The matter was deferred for twenty-four hours to watch the patient. During that time the symptoms were more and more those of perforation, becoming very much exaggerated, and when we did operate we found so much peritonitis and so many gangrenous loops and spots to consider that all hope of his recovery was abandoned. It is not necessary to tell you that he went out promptly. I have every reason to believe that if his case was taken early he might have been saved. I have had two experiences with ruptured kidneys due to trauma. Hemorrhage was profuse, and in one case I believe an immediate operation, controlling the hemorrhage, saved the patient's life. In the other, drainage was instituted, with a later nephrectomy, as the suppurating process caused by external infection was so great. In two cases of hemorrhagic pancreatitis immediate laparotomy, with a large drainage tube to that organ, was the means, I believe, of saving both of them. Large pieces of the pancreas sloughed away later, which made a very serious condition for our patients, but the fact that drainage was instituted almost at once gave us good results in both cases. Experiences of this kind could go on indefinitely. I simply wish you to recall what I have already said, that manifested

symptoms of acute abdominal conditions, which to the experienced operator means surgery later, should be performed as early as necessary help and appliances are procurable. The chagrin which one feels deeply on finding a pneumonia or a typhoid in the young patient on which he has advised quick surgery, because of an inflamed appendix, should not dissuade any future attempts, but rather argue for a more careful observation of symptoms in the future. Operations undertaken when lesions are suspected, rather than demonstrated, will often show a large percentage of permanent cures, being much larger than has hitherto been possible.

In chronic conditions, such as malignancies of the stomach or gut, and in some gall bladder conditions where chronic symptoms have been going on for months and the seriousness of the case is very manifest, *time* rather to get a prognosis to be given the family, than a diagnosis, should be taken. It is unfortunate to influence our patient and his friends that an operation will be of such wonderful service and find on operating that such a portion of the stomach or gut, or other organ, is so involved that nothing can be done. I believe it wise to go more slowly and be honest and say that surgery would be of no curative value and rather advise no exploratory incision. *Hasty work or time economy* in abdominal surgery is not imperative in all cases but very important in most cases. We have all seen cases of so-called shock following abdominal operations which were not so severe in character. The whole cause seemed to be due to unnecessary time spent or to unnecessary hemorrhage or handling of parts. It would be criminal to advocate such rapidity when breaking adhesions around a gall bladder or appendix that damage sufficient to cause a fecal fistula or other unnecessary complications in a loop of gut might result. The line of cleavage between adherent intestines can generally be found and carefully worked out if sufficient time be taken.

In the performance of surgical operations we should not forget three important things: First, get our patient to bed alive; second, correct the wrong for which the operation was in the beginning undertaken, and third, if time permit, determine the condition of the abdominal viscera. In desperate conditions, such as abdominal hemorrhage from perforation, intestinal gangrene, ruptured ectopic pregnancy or the like, it is a case of correcting the wrong as speedily as possible, even if we feel the patient was not going to stand the ordeal, because without the correction the patient would die any way and we have to take the chance.

I felt justified on one occasion, eighteen years ago, after being



very hurriedly taken from my bed at 5.00 A. M. to a patient's home in emergency, on going into the uterine cavity with my bare hand that had not been washed for eight hours. It was in the winter time and I am sure the inside of my glove was not surgically clean. I at once diagnosed placenta previa with an extremely serious hemorrhage. The patient was moribund. With considerable difficulty I got hold of the legs of an eight months' fetus, delivered it and the placenta, confirmed my first diagnosis, told them she would be dead in an hour and went home. A short time ago I heard from her as occupying as prominent a position in the Red Light District as she did in the early morning of our first acquaintance. Desperate conditions sometimes require us to do unheard-of things, but an infected patient alive is better than a dead clean patient.

So many unsuspected conditions in an abdomen are found that I make a routine manual examination in every laparotomy of the gall bladder, duodenum, kidneys, appendix, sigmoid rectum and pelvic organs, unless time is at a great premium and contraindicated. It is only a short time ago that I found a malignant rectum when operating for another condition. Early diagnosis, as this was, makes it possible to cure our patient. Not over four weeks ago, when operating for prolapsus in a woman sixty-two years of age, I found on my examination a large, much thickened gall bladder full of gallstones. We at once did a cholecystectomy, which is our operation of choice, sewing her up tight, as we believe every surgeon should. Patient made a good recovery. Had not our routine examination been made there is no doubt but only a short time hence another operation would have been necessary, and possibly that for malignancy. When questioned afterward I got from her only moderate symptoms of indigestion, with no classical symptoms of cholecystitis. When a patient's condition will admit it, I do an appendectomy on all my laparotomies if their ages be under fifty, and many over fifty.

I believe abdominal surgeons are running more and more to local, spinal and regional anesthesia, and I think they should. Many operations on the aged or those patients with heart and kidney lesions can be kept mentally correct and their operation performed as well with local as with general anesthesia. We use apothesine and novocain without fear of infection and like it very much. A man eighty-two came in with an old inguinal hernia that had not been reduced for years, suffering great pain. I advised operation under local anesthesia, agreeing not to hurt him. He agreed, but shook his bony fist at me and said, "If it hurts you will feel that." On opening the sac we were greatly surprised not to find the usual evi-

dences of trouble, but rather a pus full appendix, with the gut and adherent omentum sticking right up in our faces. This we removed and cleaned him up behind our screen before he realized that the cutting had commenced. If we can, first, control the psychic factor; second, precede our operations one hour with a good big soporific; three, command a good moral anesthetist; four, use the primary wheal for your second needle puncture, if that be required, for you must not even subject your patient to the hurt of a second puncture, or you may lose his confidence. With these points before you, and perfect familiarity with your anatomy and technic, I believe major work can be done under local or regional anesthesia just as well for the operator and less dangerous to the patient as under general anesthesia, occupying perhaps only 10 per cent. more of your time, which should not be considered an objection.

I have just re-read the able articles in the MAINE MEDICAL JOURNAL for March by Drs. Jackson and Risley, of Houlton and Waterville respectively. I quite agree with those gentlemen on obstruction, but I believe 75 per cent. of the two-stage operations, as exploited through the medical journal to-day, will in the near future be abandoned as quite unnecessary. Operations as practiced by these exploiting surgeons may have been insufficient, therefore compelling these honest men to the two-stage idea, but with further study and the perfecting of our mechanics we are certain that very many of these hitherto two-stage operations can be made more easy, both for the patient and the operator. It has only been a very few years since, in fact it is practiced now in some communities in doing two-stage operations where pus and many adhesions are found around the head of the cecum, due to a diseased appendix. We hope that the State of Maine has about gotten rid of such surgeons, because with the strictest analysis of the cases seen and heard of we have yet to find anything by way of commendation for the men that are doing other than the one thing, and that is, get out the diseased appendix at your first operation. We all agree as having had cases that at first seem mighty difficult. The walls confronting you seem impenetrable, but with a long abdominal incision, so that you can see what you are doing, giving due heed to the general principles and methods of procedure in such cases, the experienced man should unravel 99 per cent. of his worst cases in ten or fifteen minutes. I believe, with the gas-oxygen assistant, that sufficient time should be found for such cases or they should not be attempted at all.

How are we, as abdominal surgeons, taking care of our obstetric friends both in and out of the profession? So many women are

demanding Cesarean section rather than endure the pains incidental to the normal birth of the child. The profession, as a whole, is noticing it very keenly. Intelligent and prospective mothers are talking the matter over candidly with their family physicians. Sufficient is being said and done to warrant us in the belief that the pendulum will shortly swing back to where it should be, and not as many unnecessary Cesareans, which in a great many instances means sterilization, be performed. Surely the science and art of midwifery are sufficient to enable the ordinary woman, in the hands of her competent physician, to be taken care of without mutilation by the too energetic surgeon, to the destruction, in 50 per cent. of the cases, to further pregnancies, or, at any rate, to normal deliveries. I believe every one of us should recommend that former methods of delivery be more often used, as we heartily disagree with the so oft-repeated argument, favoring sterilization in so many cases, which must be considered as positively criminal.

What are you doing with your patients who have the tuberculous abdomen? It would seem, from my experience, that these patients are much on the increase. Within the last month we have had four, if not five, cases with all the positive evidences of peritoneal tuberculosis. In all but one of the cases seen the abdomen was well filled with fluid. We believe in pneumoperitoneal therapy. Consequently abdomens are opened by a large exposure and the fluid thoroughly drained. We wash the abdomen out with as little manipulation as possible with hot salt solution, and as the abdomen is being closed we introduce a needle and fill the cavity as full as possible with pure oxygen gas, which has been passed through recently changed distilled water. Sometimes three or four quarts of this gas are used. It is our practice every seven or ten days to refill the abdomen by simply connecting a small-sized needle to our oxygen tube, which can be done easily, without fear or trembling to even the sickest of our patients. Four to six of such treatments, we have found, give us wonderful results. We have used this method in some of our most advanced cases, where the temperature has been ranging as high as 104, and a mass of adhesions from gall bladder to rectum, proving to us that the disease was very much advanced and formerly considered incurable. Of course with such treatments we still adhere to the fresh air, quietness and forced feeding.

We have only touched on a few of the problems which confront us as abdominal surgeons. The field is so great that a thousand hours might be taken for its discussion. We have said sufficient perhaps to start somebody thinking along some line on which they are

most interested. The idea uppermost in my mind when striking off hurriedly these sentences was not for general reformation, but rather for general discussion here, and in the future to stimulate those of us who need it to higher and more eternal vigilance in these hard and more obscure cases, believing *that* to be the great price of success.

#### DISCUSSION.

DR. STURGIS: *Mr. President and Members of the Association:* First, I would like to say that I hope this meeting of the Maine Medical Association will be as instructive and successful as was the meeting held in Portland about a month ago, through the kindness of the committee under the control of the American College of Surgery. Those of us out of Portland are very thankful for the work done by the Portland committee at that time.

In regard to the paper just read (through the kindness of Dr. Miner I have had an abstract of it), I wish to say that in my connection with hospitals I find that many of the patients going to the hospitals are sent there to us by their local physicians with as short a story as is possible to get them away from home. Many times I feel that the diagnosis as given by the patient at that time is not the complete diagnosis of the attending physician. In other words, I think that many times he knows more than he tells the patient, because it is thus easier to get the patient to the hospital, and it is left to the attending surgeon then to supplement that diagnosis. Also I feel that many of our local physicians are very careful to make correct diagnoses of the various cases when they have time to study them. Personally, I feel that with men I know it is a safe matter for me to follow the diagnosis of the greater majority of the men who send patients to the hospital under my control at that time.

Of course, many times it is difficult to make a diagnosis. It is necessary to have time for observation, inspection, and the minor details of diagnostic measures.

In regard to the preparation of the patient and the preparation of the surgeon: Of course we have all seen men who have ridden hobbies. We have all felt that men ride hobbies to a great extent, and I feel that the tendency of the times now is to prepare our patient and to prepare ourselves in as simple and effective a way as possible. The minor details we have all had put up to us, and there is no need of mentioning them, but I do have more confidence in good old soap and water than I do in anything else in the preparation of both patient and surgeon.

In regard to the pre-operative diagnosis, the time for the operation and the post-operative diagnosis: Of course the details of the operation must be varied by the pathological findings, which are many and varied within the abdominal cavity. Such details will affect us, too, in our operative work at that time. In regard to the pathological changes that we may find during the operation, of course the first thing that we think of so many times is the old, old appendicitis. Those conditions will be many and varied.

Now a statement has been made in regard to single-stage and double-stage operations. I personally believe in the single-stage where possible, recognizing Dr. Miner's statement that we have the patient alive at the end of the work. I have never found it necessary to leave a patient's appendix for a second-stage operation. I feel, however, that I may have been fortunate in this respect, as a good many men have felt the need of leaving them. I had the experience once of seeing a patient with an ordinary right rectus incision in appendectomy. That



patient was left with flank drainage. They made an inexcusable secondary operation. I made a third-stage operation after a few months, and I also made a third incision. I could not get in through the right rectus through the old scar, neither could I get in through the flank scar, so I started in all over, and through the combination of working through those three incisions, I got out the appendix. I am sorry it was not taken out at the first-stage operation, even though it was an abscessed condition.

I found the other day a case of appendicitis where the young man was working in the forenoon. He went home at noon and thought he would take a dose of physic. At four o'clock that afternoon I was called in to see him, and having a blood count made, got ready for operative work, and we found him with an abscess of the appendix. That is a type of case where we must not wait too prolonged a period for diagnostic measures.

Of course, during operative work we should be careful in regard to the trauma which we create by manipulation.

In regard to the Cesarean section, I had priority in the use of the operating room one day when another operator wished to use the same for a Cesarean section. Because of the moderation of my work, twin babies were born through natural channels. I am thankful that my priority in the use of the operating room existed. [Applause.]

THE PRESIDENT: The paper of Dr. Miner is now open for general discussion.

DR. BENNETT, of Lubec: Mr. President, there is one suggestion in this paper which strikes me very forcibly, and it is this, that the majority of patients sent to hospitals have not been correctly diagnosed. Now it seems to me, Mr. President, that this is not always due to the fact that the attending physician, probably a general practitioner, has not been entirely ignorant of the conditions. I believe that it is more frequently due to the fact that we are not systematic enough. I believe that every patient who is sent to a hospital ought to take with him a complete chart, made out by his attending physician at home, stating all the details that the physician has been able to gather, giving his diagnosis, his prognosis, and his suggestions as to treatment. Then when the patient gets to the hospital this chart should be checked up by the operating surgeon, and after the operation should be checked up again, and give each one credit for what belongs to him. It seems to me, Mr. President, that this plan would ensure more careful observation, first by the attending physician, and later on by the operating surgeon and his staff. I think that the young men here should keep this thing in mind, and that they should see to it that their reputation is protected when they send patients to the hospital for operation. I thank you. [Applause.]



## \*RECENT DEVELOPMENTS IN BLOOD CHEMISTRY.

By DR. HERBERT E. THOMPSON, of Bangor.

*Mr. President and Members of the Maine Medical Association :*

For a long time physicians have been making use of blood examinations as an aid in diagnosis. We are all familiar with the value of cytological examinations, such as the counting of the red and white corpuscles and the estimation of the percentage of the various types of white corpuscles; also determination of the percentage of hemoglobin and coagulation time. It takes only a small amount of blood, a few drops, to make all of these examinations, and they can be done in such a short space of time that they can be made use of by the clinician even in emergency cases. Blood cultures have become a standard procedure, and that branch of blood work known as serology, which includes such reactions as the complement fixation tests, of which the Wassermann test is an example, have become firmly established.

Examination of the chemical constituents of the blood, however, has never until recently been placed upon a practical basis. Previous to the developments which have taken place within the past few years chemical examinations of the blood were so time-consuming and required such large amounts of blood that they were entirely impractical to the clinician and impossible for the patient, and of interest only as medical facts. The recent work of such noted men as Folin, Benedict, Myers and others has completely revolutionized the situation, and their perfection of colorimetric methods has opened up an intensely interesting field of practical importance to the clinician. Now the colorimeter is as essential to the equipment of the laboratory as the microscope.

By these newer methods the time element has been reduced so that the clinician can easily make use of such examinations as an aid in diagnosis and a guide to treatment. The amount of blood required is so small that it can safely be removed from the patient even when repeated examinations are required. As to the value of such examinations there should be no doubt. There can be no question regarding their advantage over the established methods of urine examination, although they should by no means supplant such examinations. Urine examinations are and always will be of much value, but in many cases a urine examination alone tells only half of the story. The introduction of these new methods has led to a large

\*Read before the annual session of the Maine Medical Association, June 27, 1922.

amount of research work on the blood. The normal condition and the pathological variations are becoming more clearly understood.

Briefly let us discuss the application of the more common examinations that are being made use of.

First, we will mention blood sugar. It has been quite definitely determined that the normal amount of sugar in the blood lies between 50 and 100 mgs. per 100 c. c. This amount may be exceeded to quite an extent before sugar appears in the urine. The point at which it does appear in the urine is designated as the "threshold point." This point varies, but may be around 150 or 200 mgs. per 100 c. c. of blood. A diabetic patient under treatment may become sugar free as far as his urine is concerned, but may have still a high blood sugar, and it is only when the blood sugar has returned to normal that such a patient can be considered as being in a state of normal carbohydrate metabolism. Therefore a urine examination alone is not sufficient in such a case.

A determination of the blood sugar is the only means that we have of differentiating true diabetes or diabetes mellitus from the so-called renal diabetes. In the latter condition the blood sugar is normal, but the threshold point is so low that it allows this normal amount to pass through and appear in the urine. It has been shown that the development of nephritis may make the kidney less permeable to sugar. Thus a diabetic may cease to show sugar in the urine, due to a developing nephritis, while there is no lowering of the blood sugar. Blood sugar determinations are not difficult and are of great importance, especially in connection with the treatment of diabetics who show no sugar in the urine.

One of the most fascinating subjects to absorb the attention of biological chemists in recent years is the study of the group of non-protein nitrogens in the blood. Probably the most important members of this group are urea, uric acid and creatinine. These substances give us a valuable index to the efficiency of the kidney function. The total non-protein nitrogen in normal blood has been determined to lie between 25 and 30 mgs. per 100 c. c. of blood. About 50 per cent. of this, or 12 to 15 mgs. per 100 c. c., is urea nitrogen. Uric acid runs normally from 1 to 3 mgs. and creatinine from 1 to 2 mgs. per 100 c. c. of blood.

In cases of nephritis these substances may be enormously increased. Of the three substances mentioned uric acid is the most difficult for the kidneys to eliminate, urea come next, and creatinine offers the least resistance. Therefore when the kidney function begins to be impaired, as in a beginning of chronic interstitial nephritis,

the uric acid is the first to be held back by the kidneys and caused to accumulate in the blood. As the disease progresses and the kidney function becomes less efficient, the urea is also held back and forced to accumulate. Since creatinine offers the least resistance to elimination it is the last to be held back, and when this condition occurs the situation becomes grave. Some writers claim that patients never recover when the amount of creatinine in the blood reaches 5 mgs. per 100 c. c. In the terminal stages of nephritis the urea may go as high as 300 mgs., the uric acid to 25 or more mgs. and the creatinine to 25 or 30 mgs. per 100 c. c.

Considerable work has been done by various investigators to determine the blood findings in gout and rheumatism. Ever since the work of Garrod it has been considered an established fact that there is an increase in the uric acid in the blood in cases of gout. Recent findings prove this to be true, and Myers reports that cases of gout may show a uric acid content of 4 to 10 mgs. per 100 c. c. Garrod also claimed that there was no uric acid retention in cases of rheumatism. This is also probably true in a way, although there are cases of typical arthritis in which there is an increase in uric acid. These cases are, however, cases in which there is a complicating nephritis. In cases of nephritis there is also usually an increase in the urea and creatinine. Therefore as a means of differential diagnosis the uric acid alone cannot be depended upon, but must be considered in relation to the total non-protein nitrogen and clinical symptoms. The uric acid increase in gout is persistent and remains high in the intervals between the acute attacks.

Another procedure which may be of some value is a determination of the blood chlorides. In cases of nephritis, especially parenchymatous nephritis with edema, there is an increase in the blood chlorides. When a patient is on a restricted chloride diet an examination of the blood chlorides is of value to determine when a return to normal has been reached.

With the introduction of the Van Slyke apparatus, estimation of the  $\text{CO}_2$  combining power of the blood has become a fairly simple procedure. Estimation of the  $\text{CO}_2$  combining power has become the most commonly used and probably most reliable method of determining the degree of acidosis. The normal  $\text{CO}_2$  combining power of blood plasma is from 53 to 80 volumes per 100 c. c. Values below 50 indicate a condition of acidosis.

We have previously spoken of the relation of blood examinations to the diagnosis between gout and nephritis. There is another set of conditions where such examinations may be of assistance. They are

the differentiation of cardiac and renal conditions. Difficulties of diagnosis may arise where cardiac conditions are complicated by renal conditions which are secondary to the heart condition. Such conditions show practically a normal amount of uric acid, urea and creatinine, while true kidney conditions, which show secondary heart complications, will show the high non-protein nitrogen characteristic of nephritis.

To summarize briefly, chemical examinations of the blood have been placed on a practical basis only within the past few years. The most important of these tests are the blood sugar, non-protein nitrogen, chlorides and  $\text{CO}_2$  combining power. These tests have their greatest application in connection with the diagnosis, prognosis and treatment of diabetes, nephritis, gout, cardio renal conditions and acidosis.

#### DISCUSSION.

THE PRESIDENT: The discussion of Dr. Thompson's paper will be opened by Dr. Mortimer Warren, of Portland.

DR. WARREN: *Mr. President and Members of the Maine Medical Association:* I do not feel as though I could really add much to what Dr. Thompson has said. Dr. Thompson kindly showed me his paper, and it seems to me he has covered the field in so far as it can be covered in such a meeting. I think it is very fortunate for us that Dr. Thompson has given us this contribution to so important a field of work.

As Dr. Thompson has said, we owe to the biological chemist the methods which are in use, and I think it is particularly to Polin, of the Harvard Medical School, that we owe a debt of gratitude, because he attempted this work back fifteen years ago, and particularly in the use of apparatus which is practical, that is, in the use of the colorimeter. I think it important that we should make use of these methods and remember that newer methods are being brought into use all the time by laboratory workers. In this mass of work that is done there are always things of value which can be translated into clinical use, and certain of the chemical examinations of the blood have this value.

Now I might say a word about the relation between the chemical examination of the blood and other methods which are in use in diagnosis. I think we should remember that these methods have value in prognosis and in diagnosis. They have no value in etiology or in pathology. In diabetes the condition, of course, is quite simple. We estimate the blood sugar and thereby get nearer the source. It gives no information as to the cause of diabetes, but it shows the condition of that patient at that particular time, when an examination of the urine might be misleading, for the reason that the kidney may or may not be able to assimilate that sugar as well as it does normally.

With reference to the nitrogenous element contained in the active branch of the blood, we must remember that these terminations are not metabolic in nature. Of course the source is metabolic, but we do not obtain any metabolic information. What we do ascertain by making these blood examinations is the efficiency of the kidney, and that is the reason for making them. In determining the efficiency of the kidney I think that there are three general methods which may be used: First,

the determination of the urea in the blood; secondly, the response of the kidneys to the diet test, and thirdly, the ability of the kidney to concentrate. If we have those three factors, we have about all the information that it is possible to interpret in the present state of our knowledge. The blood should be taken at the proper time, namely, before breakfast. Then we carry out the two-hour test. I mean by that the collection of the urine for two-hour intervals during the day and a total night collection, starting say three hours after the last meal. The patient goes on his regular diet, takes a fairly large amount of fluid, but takes no fluid between meals, and, as I say, we get the urine at two-hour intervals during the day. The important factor we get from that is the variation in specific gravity in that urine. The urine passed shortly or within an hour or two after taking food, with large quantities of fluid, should be dilute, and with this two-hour test, if the urine stands at a specific gravity of 10-10 or 10-11, we know that the kidney has lost ability to concentrate, and that is probably a permanent injury; or, if we find that the urine is fixed at a high level, say 10-25 or more, we may probably say that there is a cardiac condition or some trouble with the circulation or nephritis. Putting those three things together, we have a fairly good solution of the condition of that patient at that time, but without any reference to the pathology behind it. I speak of these other examinations because they are important in relation to the blood examination, that is, the blood examination by itself would have less importance than it would if combined with other tests.

Another thing to remember is that it is not alone disease of the kidney—nephritis—which will give changes in the concentration of the urine. We get the same fixation of gravity in severe pneumonia, pyloritis, and so on. Therefore it is true that the value of all laboratory examinations, when put into practical use, depends upon their interpretation, and their interpretation depends upon the actual condition of the patient. [Applause.]

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## **\*RELATIONSHIP OF THE MEDICAL PROFESSION TO PUBLIC HEALTH WORK.**

By BERTRAM L. BRYANT, M. D., Bangor, Me.,  
Secretary of the Maine Medical Association.

In order to make clear the relations between the medical profession and the various public health movements of to-day, it will be necessary to go back some years to trace the history and development of this work.

Not so many years ago the physician in his community was the chief exponent and arbitrator in all matters relating to individual and public health. He treated his patients when they were sick, advised them how to keep well, and to carry out the few sanitary precautions

\*Read at the New England Conference on Tuberculosis, Augusta, Me., September 28, 29, 30, 1922.



known at that time. Through the local medical society and the state medical association, all matters relating to health and sanitation were discussed, and each district or county reported in to the state association all local prevailing epidemics and the sanitary conditions of various public institutions. In fact, the state medical association had all the functions of a state board of health at that time.

As time went on, and more was known about contagious and infectious diseases and the necessity for their control, it seemed wise to these physicians that there should be some permanent board organized to take charge of this work. The State Legislature was appealed to, and through the united efforts of these physicians the State Board of Health came into being, under the charge of a physician who had had more experience and had fitted himself as best he could in this line of work. At first the duties of this board were very small. It looked after the water supplies, the sanitation of public buildings and institutions; it helped in the control of epidemics of contagious diseases, and later started a department of vital statistics. The necessary laws governing this work were written and placed on the statute books through the efforts of physicians.

From this small beginning the work of the state boards of health have increased and their functions multiplied, until now their departments are many and their local workers, physicians, nurses and engineers, are found in every community of the state. A new field has been opened to physicians in this work of public health. They are employed by and their salaries paid by the state. They are supposed to look after the welfare of the citizens in the field of preventive medicine and sanitation.

At times some friction has arisen between these state boards and practicing physicians, from attempts of the former to limit the activities of the physicians by statutes of regulation, which, in their endeavors to enforce, has roused, in some instances, a feeling of resentment. There has also been a tendency in some states to depart from the legitimate field of preventive medicine and sanitation into the province of therapeutics or treatment of disease. While willing, for the most part, to yield to the state the authority which seems best for the good of its citizens in preventive measures, and the care of the indigent and insane, the physicians are jealously guarding their independence in what they consider their own individual field of contact between doctor and patient in the diagnosis and treatment of the general ailments and afflictions of mankind. In other words, while willing to co-operate as much as possible in a movement which they themselves originated, the physicians in general are making every

endeavor to steer clear of state controlled or state medicine, which has been so destructive to the medical profession and to the general public in many European countries.

In more recent years the people, as a whole, have come to take a decided interest in matters pertaining to health. This interest has continued to increase until innumerable so-called voluntary health organizations have sprung up and continue to multiply all over the country. Anti-tubercular, anti-venereal, child welfare, maternal welfare, family welfare, baby welfare—in fact, a more or less free fare and invitation to every one to join one of these groups on the free road to health. The prenatal clinic cares for the baby in the mother's womb and guides it into a hostile world. It is received in the motherly lap of the baby welfare clinic and tenderly cared for. It receives its nourishment from the warm and hygienic bottle prepared in the baby milk laboratory. Its tottering steps are guided by the helping hand of the child welfare society. In due time the child enters school and he is welcomed on the threshold by the school nurse and introduced to the school physician. He is vaccinated against small-pox, inoculated against typhoid, is given the Schick test and becomes immune to diphtheria. His teeth are looked after at the dental clinic, and his tonsils and adenoids removed at some hospital out-patient department. His eyes are examined and possibly fitted to glasses, and thus equipped and prepared he at once starts to do his health chores. Found underweight, he enjoys for a time the luxury of an open-air school under the supervision of the nurse and physician of the anti-tubercular association. Thus he is guided through school and may take a chance at college. If he here escapes for a moment from his guardians and falls into evil ways there are free clinics provided even for these emergencies.

Safely passing his health inspection and eugenic society wedlock is entered. In due time his wife becomes an attendant of the maternal welfare clinic. His health is guarded by his periodic health examinations. He is looked after at his work by the industrial nurse and prescribed for by the industrial physician. If sick at home he has the care of the visiting nurse and the social worker. His future is provided for by his industrial insurance and old age pension. In his declining years he enters some rest home for the aged. His dying pillow is smoothed by the institution nurse and his room brightened by the home visitor. Some burial society looks after his funeral. At last he lies at rest after a long and pleasant journey along the free health road. Even heaven has been made secure, and the ministering angels will continue to guard him through all eternity. An ideal to strive for, a pleasant journey! We wish him well.

Inaugurated in a true spirit of service with an enthusiasm that has become almost a fanaticism, these various volunteer health organizations multiplied and rapidly spread all over the country. Everybody was uplifting. But like many volunteer movements along other lines, in the haste and enthusiasm of their conception, and the desire to get immediate results, many of the plans were not well thought out. Houses were built without enduring foundations. Many have been abandoned, others have toppled to the ground. For any movement to achieve lasting results, there must be a well thought out policy and a well organized working force. Amateur volunteer service is enthusiastic for a time, and under proper guidance does excellent work for short periods, but for lasting results and continued effort the paid expert worker must, in the end, be depended upon. Some of these groups have already reached this stage, especially the anti-tubercular associations. This work has become well organized and will endure; whether alone or allied with other public health groups will be a matter of expediency in different localities.

All these lines of work are excellent, but the chief danger lies in hasty health legislation. Sometimes an energetic, forceful minority is able to push through a legislature one of these hothouse products. A health law results which may hamper indefinitely a matured policy which would be of lasting benefit to the public.

The relation of the physician to this volunteer group has never been whole-hearted. Some have given their services for a time in matters of organization, others have taken charge of clinics. Some have been lukewarm in their support, others frankly antagonistic. Perhaps he has been suspicious of the lengthening bread line of health and the tendency to cheapen health values. He appreciates the value of public health education. He is willing to do his share, as always, in the care of the indigent, but to the call of socialized medicine free to rich and poor alike, whether paid for by the state or from his own small income, he is unwilling as yet to subscribe.

It has been somewhat difficult for the physicians, as a whole, to change their methods of work and become accustomed to the idea that in addition to their interest and duty to the individual patient there must be a broader interest in the general health of the whole community in which they live. The public health worker has taught us much, and has stimulated the public to demand in many ways more than we have been in the habit of giving. Recognizing this, the Maine Medical Association during the past two years has been working on a plan looking towards a more active co-operation in public health work.

MAINE MEDICAL ASSOCIATION PLAN FOR CO-OPERATION IN  
HEALTH WORK.

In the state there are three major groups interested in and doing health work:

The State Department of Health,  
The Maine Public Health Association,  
The Maine Medical Association.

At the annual meeting of the Medical Association in 1921, a Committee of Public Relations was formed. This committee of seven was made up from officers and members active in the three groups and all members of the Medical Association. This committee was at once made the Advisory Committee of the Public Health Association. To supervise the work in the counties, each county society is asked to form a like committee, in so far as possible made up of members from the three groups—when available in the society, the health officer of the district or city, a physician active in public health work, some officer of the society, secretary, councilor or president who will take an active interest. The duties of this committee will be to act in an advisory capacity, helping in the organization and appointing from their body such members as seem fitted to take charge of clinics and act as lecturers for the county.

The State Association will have on its program each year papers from these groups on public health subjects. Each county society will hold one meeting each year devoted entirely or in part to public health work, to which all groups active in this work in the county will be invited.

In addition, the Association will co-operate in holding medical and health clinics in different sections of the state. One was held in Fairfield in 1921. Two have already been carried out this year very successfully, one in Bangor last February, the other at Lewiston in August. These clinics are a part of the three-year program of the Maine Public Health Association, which the Committee of Public Relations and the Maine Medical Association have approved. Besides their educational value, they bring together all the health workers, physicians and nurses in the field for better acquaintance and opportunity for a better mutual understanding.

At the last meeting of the Medical Association the value of periodic health examinations was recognized. It was voted to ask the county societies to organize committees and prepare for this work. This could be done by the same committee having charge of the other local health work. In order that these examinations may be uniform, the State Medical Association is now seeking for the most

experienced men to prepare working pamphlets and plans, with blanks, which will be distributed to physicians when ready. Also, if necessary, an effort will be made to obtain lecturers to demonstrate on actual patients before the various societies, instructing the physicians in the most modern methods in making thorough physical examinations.

If we are to offer this valuable opportunity in preventive medicine to the public, it must be done in the most thorough manner and the applicant must receive full value or it will be a failure. The public health nurse with the health organizations will assist in carrying out the program of education. The indigent will be cared for, and those able to pay will be advised to go to their family physician.

In carrying out this health program a great part of the active work will depend upon the public health nurse. In order that the greatest efficiency may be obtained, and the least friction arise, it is the opinion of the physicians that all health nurses should be under one central control within the state, and that supervision be given to the Nursing and Child Welfare Department of the State Board of Health. We are familiar with and approve of the policy of the head of this department, and are confident that the physicians would have the fullest co-operation.

#### CONCLUSION.

This plan contemplates a Public Relations Committee, made up of physicians prominent in the three major groups in health work, the State Board of Health, the Maine Public Health and the Maine Medical Associations. This committee has been in existence for two years and has been successful in acting as a clearing house for the three groups for a better understanding.

The extending of the same plan to county societies (there are fifteen well organized societies in the sixteen counties of the state), these committees to act as advisory and assist in county and community organization.

The grouping of all public health nursing under one head. This will insure a uniformity of purpose and methods of working, simplifying the co-operation plan.

By getting together the representatives of these three groups, friction and misunderstanding can be avoided by frank and open discussion. County and community work can be organized on a sane and permanent basis, at a minimum expense, and with little overlapping work.

By these methods of work we physicians hope to see sometime in the near future a harmonious self-supporting health unit in every community of the state.



### LEWISTON CLINIC.

The second annual clinic for Maine physicians and other health workers was held at Lewiston, August 23rd and 24th, under the auspices of the Maine Public Health Association, Maine Medical Association, the State Board of Health, and Androscoggin, Franklin and Oxford County Societies.

Very instructive and interesting medical and surgical clinics were held both forenoons at the St. Marie and the Central Maine General Hospitals. The surgical work was in charge of Dr. Daniel Fiske Jones and the medical demonstrations given by Dr. Joseph H. Pratt, both of Boston. Lunch was served after the clinics at both hospitals.

The first afternoon meeting was in charge of the State Board of Health. Helpful and valuable papers were given by members of the different departments.

In the evening the Maine Medical Association had as guests and speakers Dr. Eugene R. Kelley, State Health Commissioner of Massachusetts, and Dr. Donald B. Armstrong, Executive Officer of the National Health Council of New York. These eminent speakers ably and interestingly discussed "Co-operation in Health Work," from the three standpoints of the State Health Department, volunteer agencies and the medical profession.

The second afternoon program was given by the Maine Public Health Association. Papers were read by heads of the different departments and were interestingly discussed.

A special meeting for public health nurses was held the same forenoon, including valuable papers and demonstrations.

The session closed with a dinner in the evening at Chase Hall. About one hundred and fifty physicians, nurses and guests who had been in attendance at the conference were present. Dr. John Sturgis, President of the Androscoggin Society, presided and introduced the prominent guests as after-dinner speakers.

Only those who have attended one of these two meetings can realize their interest and importance to the physicians and other health workers of the state. When such busy and prominent men as Drs. Lund, Frothingham, Pratt, Jones, Kelley and Armstrong are willing to give us two full days of their time, and enter the work with such interest and enthusiasm, the physicians and other health workers of Maine should realize their opportunity, and be proud that this clinic plan originated in their own state and is already being rapidly copied in many others.

When one hundred and fifty health workers from the three major groups get together for two days' work twice a year, and around the same banquet table, there is bound to be better understanding and co-operation in the health work of the state. These clinics should be attended and supported by every physician in the Association.

### SECRETARIES' MEETING.

The first meeting of the officers and Secretaries of the Maine Medical Association was held at the Augusta House, September 28th. There were twenty-five present, including Dr. D. E. Sullivan, Secretary of the New Hampshire Association, the guest of the evening.

The two main subjects under discussion were "Medical Legislation" and "Public Health Organizations."

After considerable discussion it was voted that the Committee on Legislation, together with the attorneys of the Association, should begin the drafting of a new bill of medical licensure and report back to the officers and Councilors by November 1st, this bill to be along the lines of educational requirements as suggested by Dr. Frederick Green in his paper in the *Journal of the A. M. A.* of September 23rd.

It was voted to carry out the plan of health organization as suggested by the Secretary and the Committee of Public Relations and advise the appointment of committees in the county societies who shall have charge in an advisory capacity of the public health work in their county, these committees, in so far as possible, to be made up of physicians representing the three major health groups, the State Board of Health, the Maine Public Health and the Maine Medical Associations, through the officers and active members of the county society. This committee would assist in the organization of public health work, having the appointment of physicians to take charge of clinics, and as lecturers on public health subjects. This committee, also, would have the charge of the organization of the work of periodic health examinations authorized at the last annual meeting of the State Association, and advise in such other health work as may be started in their county. This committee will be a very important one and should be selected with care from the men most active in the society, and in so far as possible should be made permanent. Of the three members one should be the full-time district health officer, if a member of the society, a physician active in public health work, and some officer, secretary or councilor of the society.

It was voted to hold the next meeting in Portland the first of the year.

**NOTE.**  
**NATIONAL CANCER WEEK.**

*Editor Maine Medical Journal:*

The American Society for the Control of Cancer has designated the week of November 12-18 as "Cancer Week."

The duty of a physician does not entirely consist of acceptance of responsibility to his patient, but includes effort toward prevention of diseases. For the great majority, in the campaign against cancer, this effort can be best used in education of the public. The object of this education, briefly stated, is to remove popular misconceptions by presenting facts, to show that early diagnosis offers hope of cure.

The Cancer Committee of the Maine Medical Association asks the co-operation of the physicians of Maine in carrying out a program of instruction that the public may be accurately informed.

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**BOOK REVIEWS.**

**The Problem of Cancer.**

By Commander William Seaman Bainbridge, U. S. N. Published in French at the University of Louvain and Paris, 1922.

We are glad to acknowledge the arrival of this book, worthy of more than ordinary consideration, because it is the first one published under the auspices of the University of Louvain, which suffered so terribly in the war. Once published, also, the translation has been graciously accepted by the famous Albert, King of the Belgians.

It is a pleasure to note this handsome tribute given to Commander Bainbridge. It is, however, impossible for us to say more than this, that the original edition in English was a standard on the problems of cancer, and that the French rendering will be as successful as a work of art and science as the original.

Most of us will turn to the chapter in which the education of the public concerning cancer is well discussed. More might have been given to this portion of the work, for only by the education of people to a very early recognition of the disease, and in inducing them to foster the study of prevention, early recognition, and cure in all directions, can we hope to set bounds to the incessant advance of this terrible disease.

Although much space is given to the non-surgical treatment of the cancerous tumor, we regret to note that very little is said of the treatment and prevention of the future through the blood and bodily secretions and cells, as infected.

This work is well translated and printed, it is easy to handle, and to those who are facile with French, we commend it to our readers, and to students of cancerous pathology and treatment. It is good exercise in French and advanced cancer study at the same time.

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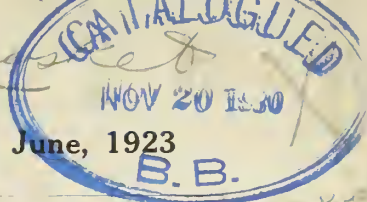
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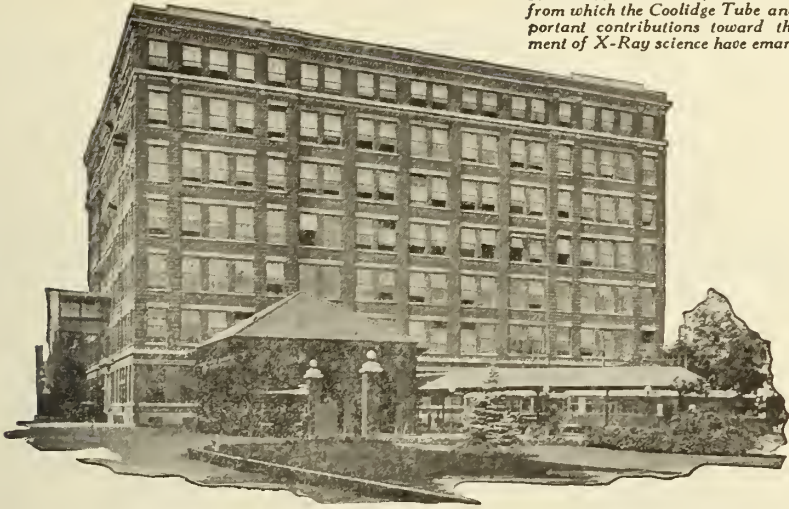
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NOVEMBER, 1922.

No. 4

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### **\*SOME OBSERVATIONS ON INFANT FEEDING AS SEEN IN THE BOSTON FLOATING HOSPITAL IN 1921.**

By CHARLES N. STANHOPE, Dover, Me.

This paper makes no claim of original research on the part of the writer. It embodies only a few of the more salient features in the care of infants. It is hoped that it may contain something of practical value to the general practitioner in helping him to better preparation of food formulæ for his infant patients. Obviously, on account of time, exhaustive details cannot be elaborated as to the determination of food requirements, but it is possible to awaken interest for their study.

The question of what to feed a patient the doctor finds confronting him again and again. Often easy of solution, it frequently becomes a very serious part of the conduct of a case. Too often the diet is added to instructions as a matter of routine. That is to say, given a certain disease, the diet must be of a certain make-up to go with that disease without regard to the patient's actual requirement. It is quite as important to give the patient the correct food as the correct medicine. Since it is from food that the patient obtains the fuel for his fight against the invading organisms, the importance of proper selection cannot be emphasized too strongly. The idea that starvation and recovery from severe illness go hand in hand must be dropped in the realization that the human organism requires food in combating disease even as for any other labor.

\*Read before the annual session of the Maine Medical Association, June 27, 1922.

In the treatment of diseases of children the importance of proper food is magnified a hundredfold. It is very probably a safe estimate that every individual at some time has been a feeding problem. I believe it is equally true that we shall see in future generations a diminution of these digestive troubles as a result of the careful, painstaking measures in giving to the infant the nutriment which he particularly requires. In its last analysis, infant feeding is the keynote of success in the practice of pediatrics. In the infant age we find a future adult laying the foundation for his usefulness to the world, indeed for his very existence. There can be no question that such a momentous period requires the most attention, meriting the most exhaustive study and research into that branch of medicine which, for all its advance and accomplishment, is as yet in its infancy.

It must be laid down as an axiom that the only ideal food for infant mammals is mother's milk. Even this food is ideal only when the mother possesses the true maternal instinct. Several factors must be considered in selecting a real mother. It must be admitted, for it cannot be denied, that the modern activities of women have in some measure given rise to the improper care of babies. This is not universally true, of course, but you all know of instances in which the attention the baby received directly from its mother depended on the social activities of that mother rather than that the infant had first consideration at the expense of everything else. If she is a woman of uneven temperament who does not want to nurse her baby, and is not willing to devote herself to this special duty, she cannot expect to produce the best type of child. In so far as she feels herself to be denied certain pleasures in discharging her peculiar duty the child later will reflect those deficiencies which only she could have prevented. It is a confining period, this time of such intimate care, but where is there anything else which will give such results for one's best effort? Human milk still remains the best food even when, either for physiological or anatomical reasons, these ideal conditions cannot be met by the mother.

There seems to be an idea prevalent among the laity that artificial can supplant natural feeding. Since every baby is peculiar unto himself in respect to his digestive ability, there can be no scheme of feeding which may be applied ironclad to a large group of infants. Babies from the same mother do not always thrive on the same mixture; twins, even, may require different formulæ. It is seldom, however, that a mother cannot nurse all her children equally well. The question might arise, why cannot a mixture be prepared that will suit twins if mother's milk satisfies both? I doubt whether there



ever can be produced a means of milk modification which will duplicate the delicate mechanism of the mammary gland. This difference of requirement is not discovered while the twins are nursing. It is only when it becomes necessary to prepare a mixture that this variation is found. How has this difference been adjusted by the mother? It is a fact that breast milk varies in certain elements in a very short space of time. For example, the percentage of fat varies even during the time the baby is at the breast, being greater at the end of the period. Can it be possible that the mammary gland is so sensitive physiologically that it produces the required milk for each infant rather than that the infant becomes accommodated to whatever secretion it receives from the breast? If this is not true, then a formula which satisfies one twin should also agree with the other.

Cow's milk is the next best food. In the beginning of its use it must be modified to approach as nearly as possible the milk which the baby has been receiving from its mother. Modification is necessary on account of the differences in the three cardinal elements, namely, fat, carbohydrate and protein. It is not possible here to go into a detailed consideration of the differences of these similar foods. However, a knowledge of a few fundamental variations is absolutely necessary to intelligent artificial feeding, since it is impossible to make cow's milk like human without knowing in what respects they differ.

The fat of cow's milk differs from that of human mainly in its chemistry, since the percentage varies but little. In each it is represented in the neutral fat, but cow's milk contains a greater proportion of the volatile fatty acids. Since we have no present method of correcting this difference, it has an important significance. Possibly the process of homogenizing milk will remove this complication, but the process is expensive and cannot be used where milk laboratories are not available. The fat globules of cow's milk are larger than human, and following out the theory that the smaller the molecule the more easily it is digested, homogenized milk would be the more preferable. The carbohydrate difference is one of quantity only, the percentage of lactose being much less in cow's milk. There is a very important difference in the protein, since there is a quantitative as well as qualitative variation. The total quantity is greater in cow's milk, being about 3.5 per cent. In cow's milk the proportion of casein to soluble whey proteids is greater. The casein itself is greater and the curd formed from cow's milk is much less readily dissolved in the gastric juice.

There are three principles which should be kept in mind when preparing a formula. First, the mixture should be the most simple



that can meet the requirements, as this gives a smaller number of constituents to watch. Second, the percentages of fat, carbohydrate and protein must be based on the relation found in human milk, so that the fat shall not exceed 4 per cent., the carbohydrate 7 per cent. and the protein 3.5 per cent. Third, it is better to begin with a weak mixture and work up to the caloric requirement, as this method is less likely to produce indigestion which would obscure the original picture.

Textbooks give very elaborately worked out tables, showing the feeding intervals, amounts for each feeding and the average formulæ for the same, which are of great value. However, such a book is not often at hand for reference, neither would a doctor care to refer to it before a mother. A few simple rules may give a working basis. The amount of each feeding may be found roughly in ounces by taking the age in months plus two. This figure multiplied by the number of feedings of course gives the twenty-four hour amount. Then having decided, from the history of the case, what formula the baby appears to require, the actual computation is made. The mathematical process of the calculation cannot well be considered here, since an attempt to present it would result in confusion. Since it is mathematics pure and simple it should not be difficult, but the ability to decide on the necessary formula is quite another matter.

As has been said, the simple formula is the preferable, and the first one may well consist of half strength. Of course if the history shows an inability to take either fat or sugar, or both, the mixture will have to be made accordingly. Every first formula is, in effect, an experiment and gives a beginning from which to observe signs and symptoms as to the baby's digestive ability and nutritional requirement. A half strength mixture has the formula, fat 2 per cent., carbohydrate 2.25 per cent., protein 1.75 per cent. It is most always safe to bring up the carbohydrate percentage somewhat with either lactose or dextri-maltose. The baby's reaction to this mixture may be of a favorable nature, as shown by absence of untoward symptoms, or show symptoms indicative of disagreement. Stool examination for undigested elements, reaction of stool to litmus, vomiting, distention of the abdomen are the chief means of checking up the food's digestibility. The indications of fat indigestion are creamy vomitus associated with clay-like, crumbling stools. Distended bowels, sour vomitus with acid, scalding stools show carbohydrate indigestion. Cheesy vomitus with stools containing tough curds indicate that the protein is not well taken care of. The food must be modified to meet these conditions probably many times before the baby begins to show

gain in weight. If none of these untoward features are found the formula may be increased slowly from time to time, so that at the sixth month, on an average, the baby is taking four meals of eight ounces each of the mixture and a fifth meal of broth.

The formula should be checked up as to the number of calories it contains for the twenty-four hour amount. This may be done in a simple way by the use of an algebraic formula, which, although it shows an error of five per cent., is accurate enough for all practical purposes. Twice the fat, plus the carbohydrate, plus the protein percentages, multiplied by one and one-quarter times the twenty-four hour amount, is the formula which is written  $2F+C+P (1 \frac{1}{4} Q)$ . The energy quotient, a figure expressing the number of calories per pound of weight, is found by dividing the total number of calories by the weight of the baby in pounds. This gives an additional check on the mixture, as to its actual food value.

The greatest difficulty in adjusting the food to an infant in private practice lies in the fact that the mother will not come to the office often enough. She cannot get over the idea that the first prescription for food should be the only one required, just as she feels about the prescription which the druggist fills for her.

Space of time does not permit of consideration of the many very interesting cases showing special diseased and digestive conditions. It would be impossible here to review any one of them in its entirety, since weeks, and sometimes months, were required to effect a cure or improvement. The minute variations in mixtures, the careful therapeutic measures, stool examinations, cutaneous tests with various proteins, blood examinations and weight changes make any one case a study of hours.

During the season of 1921, covering a period of nearly three months, there were admitted to the Boston Floating Hospital 282 permanent and 439 day patients. Of the permanent patients 216, or 77 per cent., were under one year of age. This particular season was one of extreme heat, making the care of sick infants all the more difficult. However, the death rate was the lowest on record, although the admission number was the highest. The figure of 31 deaths is not very high when it is remembered that this hospital receives the very worst cases. Sixty-three different diseased conditions were represented, in addition to which, it must be remembered, every patient was a feeding case.

It seems to me that of all the diseases which have any chance of improvement the diarrhoeas represent the most startling. Of the 87 cases 43 were of the fermental type, 32 infectious and 12 were not

classified. The distinction between fermental and infectious diarrhœa is difficult to draw, since each is caused by bacteria. In fermental diarrhœa, however, the organisms are saprophytes living on the intestinal contents. On the other hand, those found in the infectious type are true parasites living on the intestinal tissue. In either type lesions of the intestinal canal, more or less serious, are produced, though the fermental may exist for a longer time without actual attack on tissue. Either form calls for special measures in care and constitutes one of the most serious conditions which the doctor is called upon to combat. The fermental type is serious enough, but it does not present the picture of extreme toxemia and acute prostration which is seen in infectious diarrhœa. In the latter form the disease develops very acutely with many stools, with or without blood, mucus and pus, varying in number from ten to thirty or more. High temperature is an almost constant feature and the dehydration gives the infant the appearance of being in a most critical condition.

The first consideration is a thorough cleansing of the intestinal canal, which is best done by castor oil, while the ingestion of food is very much restricted. Like many other matters in the care of infants, the question of diet in this diarrhœa is not settled. It must be remembered, however, that starvation cannot be practiced safely for more than twenty-four hours and that food is one of the prime requisites to recovery. If it is found that the gas bacillus is the infecting organism, lactic acid milk is considered efficacious, since it brings about a change in the intestinal flora and inhibits the growth of the gas bacillus in particular. It has an added advantage; it is held also that it is on account of its low protein and relatively high carbohydrate content that its use should be imperative. Other organisms, however, may be the mischief makers, particularly the dysentery bacillus. The principles guiding feeding in any condition should be followed here, just as elsewhere, giving the infant all the sustaining nourishment possible according to his digestive powers.

If there is any single measure which is the most effective in combatting infectious diarrhœa it is the free use of fluids. This may be taken by mouth, in small amounts at frequent intervals, but such a proceeding may give rise to vomiting, which produces an added complication. Sterile normal saline may be given subcutaneously. I feel that this method is open to the objection that to give the required amount of fluid by such means causes too great discomfort to the baby. It appears that of all the possible avenues for the introduction of fluid that of putting it directly into the peritoneal cavity is the best. Under strict aseptic preparation a small needle may be pushed

through in the median line just below the umbilicus, and provided there is no distention, either of bowel or bladder, no harm can result. The discomfort attending the introduction of the needle is not great, and the attendant relief from the warm fluid is almost immediate. Babies often drop to sleep during the process. Just how much fluid shall be used has to be judged of more or less arbitrarily. The texture and dryness of the skin is a pretty good index, but a more accurate method of estimation is to be worked out. Probably more than an ounce of fluid for every pound of weight can be used, however. This method was the one most extensively used on many cases, not one of which showed any untoward result. One must conclude, then, that it is a most valuable therapeutic agent in diarrhœas.

The peculiar function of the floating hospital cannot be duplicated by any other type. During the many years of its existence it has been proved over and over that it is a most valuable addition to Boston's excellent institutions. It is open during the hot summer, when the problem of the lives of babies is the most serious. From out the poorly ventilated, poorly lighted tenements, sweltering in humid air, the sick baby is taken into an ideal environment, to say nothing of the expert care to be found there. The infant mortality curve in Boston shows a persistent downward trend, for which the Boston Floating Hospital and the Baby Hygiene Association are not a little responsible. Doctors come from great distances to avail themselves of its opportunities. Last year its twelve internes represented ten different states and one foreign country. Its sixty-five nurses came from as widely separated states.

To-day boats are being scrapped, because there is no use for them. Could not Portland, although its need is not that of Boston in respect to its tenement district of course, be the first in this state to add one more to its already well equipped and maintained hospitals to give Maine babies better assurance of becoming sturdy men and women.

#### DISCUSSION.

THE PRESIDENT: About three months ago I asked Dr. Roland B. Moore, of Portland, to start us going in the discussion of this paper. Dr. Moore.

DR. MOORE: Mr. President and Gentlemen: There is very little to say in the discussion of such a paper as this, and I want to ask you, please, to listen to his simple formulæ in the feeding of babies. My own idea is that the simpler the formulæ, the better the character of the infant feeding. Of course sometimes this has to be elaborated.

Another point which he also seemed to stress upon, and which I would like to emphasize, is the fact that every baby is a problem unto itself. There is no set rule for infant feeding. You may read textbooks until you absorb all that is in them, and try out the methods of various men, but you will find no one that

applies to all babies, and each baby must be considered as a separate feeding problem.

The instances of infantile diarrhœa fortunately are not very many here in Portland so far as my knowledge extends. Of course in the summer months we do have a considerable amount of it, but not anywhere near the proportion that they get in the larger cities.

The influence of the Public Health Nurse in this respect should be very great in a campaign of education among parents of the poorer classes and the foreign element, who do not understand the principles of hygiene in the care of infants.

The importance of water in the treatment of diarrhœa I think cannot be too strongly emphasized, that is, the importance of fluid in any form in the poorer communities.

In conclusion, I would simply state that if any of the men present are interested at all in the problems of infant feeding, there is a feeding clinic here at the City Hall, in Room 2, which is open this morning at 11.30. If any of you are interested, I would be very glad to see you there at that time; and while I cannot promise that there will be any rare or unusual cases, there may be something that will be worth while seeing. [Applause.]

THE PRESIDENT: The entrance to that clinic is from the Myrtle Street side of City Hall?

DR. MOORE: Yes, sir.

THE PRESIDENT: You have heard the invitation to see the good work that has been going on in infant feeding here in Portland from Dr. Moore. Of course it is on a much smaller scale than that immense enterprise in New York under the patronage of Mr. Strauss, but many of us can testify that it has certainly accomplished a good deal. The paper of Dr. Stanhope is now open for general discussion. [No response.] Dr. Stanhope, have you anything to say in rebuttal?

DR. STANHOPE: No, I think not.



## \* THE MEDICAL RESERVE CORPS.

By MAJOR MITCHELL.

*Mr. President, Medical Men of the State of Maine, and Ladies :*

This is an impromptu call to speak before the medical society, just having had an engagement with the medical officers of the World War. It was my intention to bring to their attention some of the reasons why they should become members of the Medical Reserve Corps of the Army of the United States. After the Defense Act of 1916 was adopted, the Army of the United States was to be composed of the Regular Army, the National Guard and the Organized Reserves—the three components of the Army of the United States—and when I say that the Organized Reserves of this Army is the main part of the Army, it behooves us to take an interest, as patriotic citizens, that we may be prepared from a medical standpoint far above all other emergencies. The medical service in the Army to-day, in my opinion, is the first service. No mobilization of the man power of the United States can be accomplished without the medical men. What happened in 1917? When we were called by the draft to mobilize our man power, we looked to the medical men to see who were fit for service. We could not do this with the regular medical officers, we could not do it with the help of the National Guard medical officers, but we must bring into harmony the whole medical service of the United States in each and every state to decide who are fit to go and who are not. We find ourselves now in a period after this war where the main issue has disappeared—no interest—thinking that everything will be taken care of later; but such is not the case. The medical men of the Regular Army to-day are working on a problem for mobilization of the man power of this country, and how are we going to do it? With eight or nine hundred medical officers of the Army who devote their time and energy to this problem, we are only just a nucleus to get in operation what we are organizing for. We must depend upon the medical men all through the country to bring about and mobilize our forces through the medical service.

In 1917, when the local draft boards got together a number of men from each community, the first thing necessary to undergo by these men was a physical examination. The medical men on the local boards soon found that less than sixty-five per cent. of the men drafted were physically fit for military duty. In some states the local

\* Stenographic notes of talk before the annual meeting of the Maine Medical Association, June 28, 1922.

boards had no physical standard to go by. Medical men did not wish to send to the service anyone who was physically unfit. They were naturally sympathetic, as the family physician will be, but the standards of the Army said that they must be physically fit for military service. After a while we found that about thirty-five per cent. of the men between the ages of twenty-one and thirty-one were not fit for all kinds of military duty, so that we necessarily made regulations saying that, if they were not fit for all kinds of military duty, they must be put into another class, a development class, whereby we could determine what class of duty they were fit for. This takes time, but when we sent our men overseas, no man who was not fit for military service in Class "A" was sent. Now our problem to-day is entirely different. We are giving our men a standard of physical examination for men fit for military duty. We are classifying these men into grades to-day, so that when the break comes next time we will not spend five, six or seven months in getting those men in shape. We must be prepared. We may say there will be no war again. We may say there is no need of all this preparedness, but I say that we must keep our man power up to a certain physical standard, so that, if the emergency does come, the medical men can be the judges of who goes and who does not go. And how are we going to do it unless we train? Now, every medical man in the states of Maine, New Hampshire, Vermont, Massachusetts, or wherever he may come from, must be trained along the lines of the physical standards adopted by the Surgeon General of the United States Army, so that when we send these men to their duty they will be physically fit.

During the war we had about 33,000 medical men commissioned as officers in the Medical Corps of the United States Army. These 33,000 men had little idea what the requirements were outside of professional knowledge of medicine and surgery. Our idea of organization to-day, knowing and learning our mistakes through the late war, is to classify every medical man in the country who was a former officer of the Medical Department in the World War. Under the stress of war and in the assignment of officers, especially the medical officers, we assigned medical men to places where they were not fitted. A good surgeon may have been assigned to an Ambulance Company, which did not require any surgical knowledge. Nevertheless, it was a place for the medical officer. We had no other means; but to-day, under the re-organization—the Organized Reserves—we are getting all the medical officers of the World War commissioned in time of peace and assigning those men to definite duties, so that they

will know where they are going, what work they will do, and the duty performed will be an advantage to themselves and to the government.

Now I must say there is a great deal of personal grief among medical men who served in the war. Some men say, "I went in as a first lieutenant and I came out as a first lieutenant." They came back to their home town, and because someone else in a neighboring town may have come back as a major, the people think that that man must be superior to them, but I will state facts as far as the promotion in the Medical Corps was concerned. The medical men of this country did not get their just deserts. They are the one arm of the service that went into the war forgetting all their personal troubles, forgetting all they might lose—went into this war for one purpose, and that was to take care of the men; not for fighting its battles, but to take care of those who were sick and wounded. They did not do it for money; they only did it for one purpose, because they thought it their duty to do so, as medical men as a rule always do, regardless of money. It did not matter to the first lieutenant whether he got \$166.67 a month or whether he got \$325.00 a month; he was doing his duty. But we do know that many of the medical men who went into the war as first lieutenants came out as first lieutenants, not because of their inability, not because their work was not satisfactory, but because we were handicapped in not having a sound system of promotion, and because everything was done in a hurry. If we can organize now in time of peace we will do better next time. But now the time has come when the Surgeon General says we must form and organize the medical service of this country, so that we will know where we are and what we are going to do, and we will do our duty the same as we did before, only better.

Now if there are medical men who do not understand the Medical Department of the United States Army, it is because they have not looked into it. We men who have given up our service to the Medical Department of the Army may not be as proficient in surgery, internal medicine, or some of the specializing things that you men do, but we are specializing; we are specializing in administration—how to handle you men when the emergency comes—and that is our duty and that is my duty.

In the Organized Reserves to-day we have three divisions of Organized Reserves allotted to the New England States, and among them is the 97th Division of Organized Reserves allotted to the states of Maine, New Hampshire and Vermont. It is my specific duty to come up into this territory, a stranger among you medical men who

have had service, and some who have not had service; but, even if you have not, it is your duty to help in forming the Organized Reserves, so that when the next war comes the 97th Division will furnish a medical regiment, and we will have an organization that can go to war composed of and commanded by medical men, an organization that will go into the field and do medical and surgical work; and when we get that organization, every one of you medical men who have held commissions and are also commissioned now in the Medical Reserve will know just where to go, just what to do, and utilize your professional qualifications to advantage.

Now I wish that I might interest the medical men of the State of Maine in what their duties are. I do not wish to leave it for you men to say that you will come in when war comes, when the emergency happens. We do not wish to wait until the emergency happens. We wish to be organized now and ready for the emergency when it does happen, so that, if your son or neighbor's son enlists, they will know those who are in command of these medical organizations and who are going to look out for their welfare. There is a local interest, it is not federal. If we go on that basis we will have an Organized Reserve well worthy of its name. I might conclude by saying that the Army of the United States to-day, under the Act of Congress, is not the Regular Army alone, it comprises the Regular Army, the National Guard when under federal service, and the Organized Reserves. [Applause.]

## A MESSAGE OF HOPE.

By W. W. KEEN, M. D., LL. D., *Emeritus Professor of Surgery at  
Jefferson Medical College, Philadelphia.*

During an active surgical life of almost a half century, I have seen many hundreds of cases of cancer, and I am happy to assure my readers that it *is* curable, *provided* the advice of those who have been in constant contact with this terrible disease is sought and followed.

In a very large number of cases, especially cancer of the breast, the following represents the conversation which followed a careful examination:

"How long ago did you first notice this lump in your breast?"

"About a year ago." (Or it may be even longer.) This is an astonishingly frequent reply.

"Why in the world didn't you come to me *at once*?"

"Why, Doctor, it didn't hurt me at all." (As if "pain" meant that it was a dangerous lump, and "no pain" that it was a harmless lump! Cancer at the beginning is *almost never* painful.)

"I am sorry to tell you that I fear you have come too late to expect a cure. Had you come the moment you discovered this lump, I could have removed it by a very easy and safe operation, from which you would have been well within a week. But now I can promise nothing, except to do my very best for you."

### A LITTLE FIRE SHOULD BE PUT OUT

How often my heart has been wrung by such a conversation (worded of course more tactfully and not in this brusque, almost brutal, form) with a wife and mother, who, by her neglect to seek aid at once, has condemned her husband and her children to lose so dear a wife, so cherished a mother, just when she is most needed! How often have I said to myself, "*If only women knew; if only women knew!*"

Sometimes they would declare, "I was afraid to come, for fear you would tell me it was cancer." To which I have so often replied, "If you smelt smoke in your house would you sit still and wait because you were afraid that you would find your house was afire? Why not do for your own self what you would do for your own house? Find out the truth at once."

Sometimes she would say—I am almost ashamed to admit it, but it is true: "I did see my doctor, and he told me to wait and see whether it would grow any bigger." I am glad to say this is not true of the younger



men, but only of some of the doctors who graduated years ago and have not kept up with our modern discoveries. "If you saw a little fire in your house," I would reply, "would you wait to see if it would grow bigger before you tried to put it out?"

If every woman who found a lump in her breast would consult a competent surgeon at once—that is to say, within forty-eight hours, if possible, but in any case within a week—I am sure that eighty-five out of every one hundred, and it might well be ninety out of every one hundred, would *be* cured and *stay* cured. So cancer *is* curable—provided you consult a good surgeon *at once*. Remember that, when you find a lump already formed, the disease has been at work for weeks, and it may be for three or four months, before a discoverable lump has been formed.

I have patients on whom I operated fifteen, twenty, and more years ago, and they are still well; but they came early, except one happy case of about twenty years ago. One breast had been removed before I saw her. The disease had returned on that side, and had begun in the opposite breast. I operated for the recurrent disease, and she is well to-day—twenty years later.

The complete operation is not a very long one. It has to-day, remember, practically *no* mortality, and the recovery is complete in a week or ten days without much suffering. Before the days of antiseptic and aseptic surgery, the suffering was severe and prolonged, practically every case became infected, and the mortality was large. Usually the patient was in the hospital for from four to six weeks, or longer, and if erysipelas or severe infection occurred, it might be three or four months before she was well—if, indeed, she escaped with her life.

#### ANOTHER DANGER SIGN

The same rule applies to women who notice any abnormal discharge of blood. Consult a competent surgeon *at once*. Certain internal cancers that were formerly beyond our power to cure are now well within our power, but solely on the condition noted—*instant competent advice*.

Every man or woman who passes blood from the bowels should at once seek an examination. That is the anti-cancer slogan: "INSTANT, THOROUGH EXAMINATION BY A COMPETENT SURGEON." It may come from a slight and easily curable affliction; but it may, on the other hand, be the very best observed sign of something serious. Here, again, pain or its absence is no criterion of danger.

In men, cancer of the stomach or of the bowels is the most frequent. If a man steadily loses weight—twenty, thirty, forty pounds—and has indigestion, internal cancer of the stomach or bowel should be

suspected. If he does not soon get better, say within two months, the abdomen should be opened and any necessary operation be done. The diseased section of the stomach or bowel is removed; but too often the exploratory operation is done too late and the disease returns after a while. If no cancer is found, the abdomen is closed and he is practically sure to get well within ten to fourteen days.

Warts and moles—not such as come and go on the hands of young people, but those which remain apparently harmless for years without any change—are serious sources of danger, more particularly those which are discolored, brown, or black. After many years of a quiet existence, for some unknown reason suddenly they begin to grow. Very soon the glands in the neck, armpit or groin begin to enlarge, at first always quite painlessly. When these glands become enlarged the whole system is often involved and the possibility of saving life is very doubtful.

All such permanent, pigmented moles and warts should be removed *before* they begin to grow, together with the whole thickness of the skin. To tie a woman's long hair around them is the very worst thing to do. It only stimulates them to grow more rapidly.

#### APPALLING STATISTICS

The deaths from cancer are continually increasing, and have reached a most alarming total. In the World War, from April, 1917, to July, 1919, 76,433 of our gallant soldiers lost their lives by wounds and disease. In the same length of time about 180,000 of our population died from cancer—over 100,000 more than the total military deaths! Of our total annual deaths of persons over forty years of age, one person in every ten dies of cancer. Of all deaths among women over forty, one out of every eight is caused by cancer. Do not these figures startle you, my reader? Is it not all-important that you should recognize the red flag of “danger,” when you discover the first recognizable sign of possible cancer—a “lump” anywhere, or an abnormal discharge of blood?

“What is the cause of cancer?” you ask; “and why aren't you busy finding it?” I answer that no one problem of disease is being attacked as is the cause of cancer. If we find the cause, we will be at the half-way house on the road to prevention or cure.

There are special laboratories of research on cancer alone in Boston, New York City, Buffalo, London, Paris, Heidelberg, and other cities, and also not a few personal investigators in other places, all laboring to discover the cause, and how to prevent cancer and thus to avoid the dreadful alternative of a surgical operation.

The problem has been attacked from the surgical, the pathological, the microscopical, the chemical, the biological, and the experimental side. We have learned a great deal; for instance, that cancer is *always a strictly local* disease at the beginning, so that, if you remove this small lump early enough, cure is almost certain. If you wait, the disease spreads by the absorbent vessels and the blood vessels to the neighboring glands (under the jaw, in the armpit or the groin, or in internal glands) or to distant parts, and then the case is hopeless for cure. All we can do is palliate. *Early operation before* the disease has thus spread is the *isne qua non* for success.

#### ULTIMATE SUCCESS CERTAIN

The X-rays and radium are being very extensively experimented with, and most hopefully in certain forms of cancer. It is with this in view that the fine women of America presented Madame Curie with one gram (15 grains) of radium, costing one hundred thousand dollars. I have personally known of some remarkable cures by the X-rays and radium. But they should be *used only by experts*, or they may do irreparable damage. Even if they do no damage, in case they do not cure, their use not seldom delays operation until it is *too late*.

We have also learned by these laboratories of research that this, that, and the other line of research is not the true road to the discovery of the cause. Thus, by exclusion, we are gradually limiting our researches to the methods which give promise of possible success.

I feel as certain of our ultimate success as I do of my own existence. I am expectant, hopeful, and impatient for that glorious day to come. It will most likely come like a thief in the night, to some lonely, patient, persistent worker. Then, indeed, after it has been tested and found true, may we chant a *Te Deum*—and turn our energies to the solution of the many other problems in medicine.

Above everything else *not* to do, I urge that none of the so-called "cancer cures" be used. I have seen the damage done by many of them, and the happy time when early operation might almost certainly have cured has gone by, and again "Too late" is the sad verdict.

The American Society for the Control of Cancer was formed in 1913. Dr. Charles A. Powers, a retired surgeon of Denver, whom I am proud to call an old friend, is the president. They are carrying on a vigorous campaign of enlightenment, to wake up the nation to the growing peril of cancer. They are a very live body. A large number of doctors are members and, what is most encouraging, an increasing number of public-spirited men and women are also members. The nominal dues are five dollars a year, but many give up to fifty dollars a

year as patrons, and others, to aid the cause, give their hundreds and thousands. The society sends out circulars, pamphlets, etc., by the thousand, organizes lecture courses in many places, and spreads abroad the good news of the curability of cancer, *provided* that their advice is strictly followed. This year they propose to make a special effort during the week of October 30th to November 5th to arouse a nation-wide interest and a nation-wide activity to control cancer, by persuading all who have or suspect they have the disease to secure immediate competent advice and treatment.

I earnestly urge that every reader of this paper will join this admirable and wholly altruistic society. It takes much effort and much money to wake up a whole nation; but that is exactly our intention. We doctors are heartily in accord with the objects of this society.

#### PREVENTING SICKNESS

Did it ever occur to you that we of the medical profession, so far as I know, are the only persons who are doing our best to *prevent* sickness and death—the very source of our whole income? Who are the leaders in the prevention of typhoid fever, diphtheria, tuberculosis, and other grave dangers to life, and who are the promoters of the health of whole communities?—the doctors! I exult in this altruistic devotion! And not a few have given their own lives in the endeavor to save the lives of others!

Readers of the COMPANION may obtain any desired information on this subject by writing to the American Society for the Control of Cancer, 25 West 45th Street, New York City.

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## PERIODIC MEDICAL EXAMINATIONS.

The following resolution was passed by the A. M. A. at the meeting at St. Louis and approved by the House of Delegates of the Maine Medical Association at our last meeting:

"WHEREAS, The need and value of periodic medical examinations of persons supposedly in health are increasingly appreciated by the public, it is recommended by the Council of Health and Public Instruction that the House of Delegates authorize the Council to prepare suitable forms for such examinations and to publish them in the *Journal of the American Medical Association*; and the county medical societies be encouraged to make public declaration that their members are prepared and ready to conduct such examinations, it being understood that the indigent only shall be examined free of charge, and that all others are expected to pay for such examinations."

This resolution was passed to meet the popular demand for periodic health examinations and to keep the work as much as possible in the hands of the local physicians, where it belongs.

Several years ago the value of such work was realized and exploited by a lay institution, and physicians are employed now all over the country at a very inadequate fee to carry on this work.

During the last decade the field of the general practitioner has been very much narrowed and his income lessened by the efficient work in preventive medicine. It will be but a short time before most of the infectious and contagious diseases will be stamped out or to a great extent controlled. If the physician is to continue to earn a livelihood he must look ahead and prepare to meet these new conditions.



At the present time probably not fifty per cent. of those needing help are employing a physician. A large per cent. of these do not realize the need, and a larger number are being victimized by quacks and cults who have a more astute knowledge of how to reach them. But through the insistent propaganda of lay press and popular health journals of preventive medicine many are beginning to see the value of health stock-taking at regular intervals. And to whom should they naturally turn if not to the family physician.

It would seem that this is our opportunity to do a much needed work and that we should fit ourselves as rapidly as possible to meet this demand, and when ready notify the public through our medical societies. A great part of this work will come through the co-operation of public health workers, and to help prepare for it the county societies have been asked to appoint their local health committees and make themselves familiar with the requirements of an efficient physical examination.

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## *County News and Notes.*

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### ANDROSCOGGIN.

#### ANDROSCOGGIN COUNTY MEDICAL SOCIETY.

The regular meeting of the Androscoggin County Medical Society was held at Dewitt Hotel, Lewiston, Me., November 14, 1922.

Following the banquet, Dr. John Sturgis, the President, called the meeting to order.

Dr. E. P. Goodrich spoke on the importance of vital statistics, and asked the co-operation of the physicians, by reporting births within six days, as required by law.

Dr. Channing Frothingham, of Boston, gave a very interesting talk on the irregularities of the heart and treatment.

There were present: Drs. John Sturgis, C. Frothingham, of Boston; E. P. Goodrich, Burr, of Lisbon; Andrews, Renwick, Plummer, Pierce, Cushman, Buker, Goodwin, E. C. Higgins, Call, Cunningham, Barrell, H. Lee, W. Haskell, Desaulniers, O'Connell, Russell, Webber, Bolster, Peaslee, Chaffers, Gerrish, Miller, Grant, H. Garcelon, Randall, Twaddle, Pennell, Marston, Dumont.

L. J. DUMONT, M. D., *Secretary.*

## AROOSTOOK.

## AROOSTOOK COUNTY MEDICAL SOCIETY.

The semi-annual meeting of the Aroostook County Medical Society was held in the Courthouse at Houlton, Oct. 10, 1922. The following physicians were present: Drs. Mann, Hill, Sawyer, Dennett, Sincock, Kalloch, Chamberlain, Small, Potter, Dickerson, Jackson, Gilbert, Hagerthy, Donovan, Tarbell, Ebbett, Mitchell, Kinne, Bundy and Boone. The visiting physicians from out of the county were: Drs. B. L. Bryant, Bangor; R. H. Marsh, Guilford; Millard Hanson, Patten; Lombard, District Health Officer of Aroostook County; C. F. Kendall, State Commissioner of Health; L. P. Snipe, President Maine Medical Association; Dr. Ryan, Secretary New Brunswick Medical Association.

After the usual business was transacted, Dr. Mann, who is chairman of the Committee to see about entertaining the Maine Medical Association in Houlton in June, 1923, made his report that the Maine Medical Association voted to hold its next year meeting in Houlton, meeting with the Aroostook County Medical Society, and then Dr. Ryan, of St. Johns, reported the New Brunswick Medical Association had also voted to meet with us on the same date. In view of these societies coming together in Houlton, this promises to be the greatest meeting of medical men ever held in the State of Maine, and it will also be the first time the Maine Medical Association was ever held in Aroostook County. Our society voted to assess each member \$15.00 to help defray the expenses of that meeting, and the Secretary, Dr. F. E. Bennett, was voted in as the Collector.

Voted, To hold our annual meeting in Houlton on the first day of the great meeting next June, and transact the business part only, merging the literary in with the union meeting. Dr. Mitchell said Houlton and a part of New Brunswick would be owned by the physicians on those two days.

The literary part of the program was rather extensive and varied. Dr. A. L. Sawyer read a paper on "Surgery of the Nose;" Dr. C. F. Kendall read a paper entitled, "Public Health—Mutual Interest to the Profession and the Public;" Dr. P. L. B. Ebbett read a paper on "Psoriasis;" "Some Stray Thoughts for Physicians" was the title of a paper read by Dr. R. H. Marsh; "Relation of Public Health to Physicians" was Dr. Langdon Snipe's address to the Society; Dr. Ryan, in a very pleasing manner, told us how glad the New Brunswick society would be to meet with our societies next June, and Dr. B. L. Bryant addressed us on "Medical Defense Insurance." The various papers

were discussed at some length, nearly everyone registering his ideas and opinions. This may be characteristic of Aroostookians.

Dinner was served at the Snell House.

Everyone enjoyed the meeting and are even now beginning to look forward to the union meeting next June.

Voted to adjourn.

DR. F. E. BENNETT,  
*Secretary.*

## YORK.

### YORK COUNTY MEDICAL SOCIETY.

The fourth quarterly meeting of the York County Medical Society was held at the town hall, Sanford, Thursday, Oct. 12th, Dr. A. G. Wiley, of Bar Mills, the President, presiding.

The minutes of the April and July meetings were read and approved.

Dr. John J. Topham, of So. Berwick, was elected to membership.

Dr. Wiley, chairman for York County of the National Cancer week program, outlined that important undertaking.

Dr. S. B. Marshall, of Alfred, reported a most interesting and unique case of prolapse on inversion of the bladder in a woman 35 years of age, who has had four children. Two urethral operations, followed by a complete hysterectomy, have failed to give relief.

The following resolutions were adopted:

WHEREAS, It pleased the Supreme Physician, the Creator and Ruler of all, to remove from our midst on Jan. 16, 1922, our beloved brother, Dr. E. D. O'Neill, therefore be it

*Resolved*, That we, members of the York County Medical Society, here assembled, hereby express our deep sense of a real loss, and also convey our profound sympathy to those nearest and dearest left here. We are also mindful that his high character, unfailing hopefulness, courage, his great ability and devotion as a physician and a citizen must come to all as a great personal loss, yet as a rich and priceless heritage which shall be imperishable.

*Resolved*, That these resolutions be published and a copy sent to Mrs. O'Neill.

C. G. DENNETT	} <i>Committee</i>
J. D. COCHRANE	
J. A. RANDALL	
	<i>on</i>
	<i>Resolutions.</i>

A recess was taken for dinner at Hotel Sanford at 1.00 o'clock.

The afternoon session was opened at 2.30 o'clock, and Dr. Adam P. Leighton, Jr., of Portland, gave an address, "The Present Day Prob-

lem of Medical Licensure." As a member of the State of Maine Board of Registration of Medicine, Dr. Leighton is well qualified to discuss such a theme, and he did so in a direct and forceful manner. His views concerning osteopaths, chiropractors, and such cults, are not uncertain in any way, and he presented many facts that should be known and considered by all regular physicians.

Dr. C. B. Sylvester, of Portland, reported the meeting of the officers of the Maine Medical Association and the County Secretaries at the Augusta House on Sept. 28th. The two main subjects under discussion were medical legislation and public health organization. He stated that medical matters have come before various legislatures in the past, and that differences of opinion among physicians have created a prejudice against medical propositions. Dr. Sylvester inquired as to what future legislation should be recommended by physicians in Maine. Dr. J. D. Cochrane, of Saco, expressed his opinion that aggressive measures are needed. Medical men ought to unite and fight. There should be no compromise with the osteopaths and chiropractors. Dr. W. H. Kelley, of Sanford, inquired, "How can the osteopaths handle the chiropractors?" Dr. Leighton replied: "Do it through the osteopaths' registration board."

The following physicians were present: C. B. Sylvester, A. P. Leighton, Jr., Portland; A. G. Wiley, Bar Mills; W. W. Smith, Ogunquit; H. L. Prescott, Kennebunkport; A. J. Stimpson, Kennebunk; S. B. Marshall, Alfred; E. L. Burnham, C. W. Blogden, W. H. Kelley, O. B. Head, H. D. Ross, S. A. Cobb, L. W. Carpenter, A. C. Lamoureux, A. W. White, Sanford; B. M. Moulton, A. S. Davis, Springvale; J. J. Topham, So. Berwick; C. J. Emery, Biddeford; J. D. Cochrane, C. G. Dennett, Saco; J. A. Randall, A. L. Jones, Old Orchard.

A rising vote of thanks was given Drs. Leighton and Sylvester.

Adjourned at 4.00 P. M.

A. L. JONES, *Secretary*.

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## Notice.

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The United States Veterans' Bureau offers a special course in Neuro-Psychiatry to a certain number of qualified physicians on condition that upon completion of such course they will continue in the service of the Bureau for a period of at least two years thereafter.

The policy of this Bureau is to provide expert medical attention

for the disabled veterans, so that everything possible may be done to restore them to health and proper status in civilian life. To maintain this policy in the opening up of new hospitals, and being unable to secure the required number of specialists in nervous and mental disease, it becomes necessary to instruct a staff of our own for this line of work. To this end a systematic and comprehensive course in Neuro-Psychiatry has been carefully outlined, consisting of 176 lectures and demonstrations and some 440 hours of clinical and laboratory work. Each course will be for a period of about four months. There will probably not be more than two courses annually. Courses will be offered as long as it appears necessary in order to meet Bureau requirements. Instruction will include the necessary reviews of the fundamentals, followed by clinics and lectures on the various forms of nervous and mental diseases, including endocrinology. Special attention will be devoted to diagnostic methods, the general care of patients, and methods of treatment. Students will have actual experience in practical work. General problems of hospital administration, medico-legal questions, rehabilitation methods, psycho-metric examinations and other related matters will be adequately dealt with.

The main part of this course will be given at St. Elizabeth's Hospital, a government institution for the insane at Washington, D. C., which offers unusual and unexcelled facilities for such work. There are nearly 4,000 patients and case histories of more than 20,000 discharged patients immediately available for study. Here are all classes of nervous and psychotic diseases, while other public hospitals in Washington will provide abundant clinics in so-called functional diseases, borderline cases, and the milder types.

The teaching staff that has been selected to give this course in Neuro-Psychiatry is significant. Besides the members of the staff at St. Elizabeth's there will be lecturers from the Medical Departments of the Army, the Navy, the Public Health Service, the United States Veterans' Bureau and the U. S. Department of Agriculture. A number of America's most eminent neurologists and psychiatrists will come to deliver lectures on special topics.

As the number of students that can be accommodated is limited, early application for each course is desirable.

*Ex-service men who have been honorably discharged will be given preference.*

*Other things being equal, members for the course will be selected in the order of their application.*

Students who are authorized to take the course who are not already in the employ of the Veterans' Bureau will receive a salary of \$166.00 per month, with no allowances, while taking the course.



On satisfactory completion of the course members will be recommended for the grade of Passed Assistant Surgeon in the Reserve Corps of the U. S. Public Health Service, or they will become eligible for employment as Class "B" physicians under the U. S. Civil Service Commission and assignment to duty with the U. S. Veterans' Bureau. These salaries range from \$3,000 per year upward.

The course will start on January 4, 1923.

T. H. SCOTT,  
*Acting Director.*

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## *Note.*

*To the Editor Maine Medical Journal :*

Cancer-phobia as a result of a campaign of publicity is to be expected in a limited measure. This is worthy of consideration as an objection to education of the public. It is thereby to be noted that hope rather than fear is the mental reaction to be desired. When one considers the number potentially curable if treated in time—and a survey has shown that an average period of one year elapses between the appearance of signs or symptoms and examination by a physician—needless fear and worry on the part of a few should not be allowed to interfere with the pursuit of the ideal of early examination and early treatment.

Though complete statistics are not available, it is encouraging to note that individual surgeons have reported earlier operable cases since cancer propaganda has been carried on, notably Bloodgood, in Cancer of the Tongue (Campaign Notes, May, 1922, Am. Soc. for the Control of Cancer.)

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### **NEW AND NON-OFFICIAL REMEDIES.**

During October the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-official Remedies:

Lederle Antotoxin Laboratories:

Diphtheria Toxin-Antitoxin (0.1L+).

H. A. Metz Laboratories, Inc.:

Alumnol.

H. K. Mulford Company:

Hay Fever Timothy Pollen Extract—Mulford.

Parke, Davis and Company:

Normal Horse Serum—P. D. & Co.

Rabies Vaccine (Cumming)—P. D. & Co.

E. R. Squibb and Sons:

Acne Vaccine.

Colon Vaccine—Squibb.

Gonococcus Vaccine.

Meningococcus Vaccine.

Normal Horse Serum.

Pertussis Vaccine, Curative.

Pertussis Vaccine, Immunizing.

Purified Diphtheria Antitoxin (Antidiphtheric Globulin).

Pneumococcus Vaccine.

Staphylococcus Vaccine.

Stachylo-Acne Vaccine.

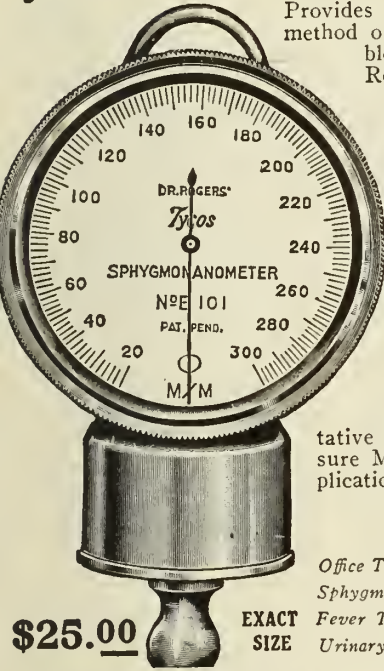
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VOL. XIII, No. 5.

DECEMBER, 1922.

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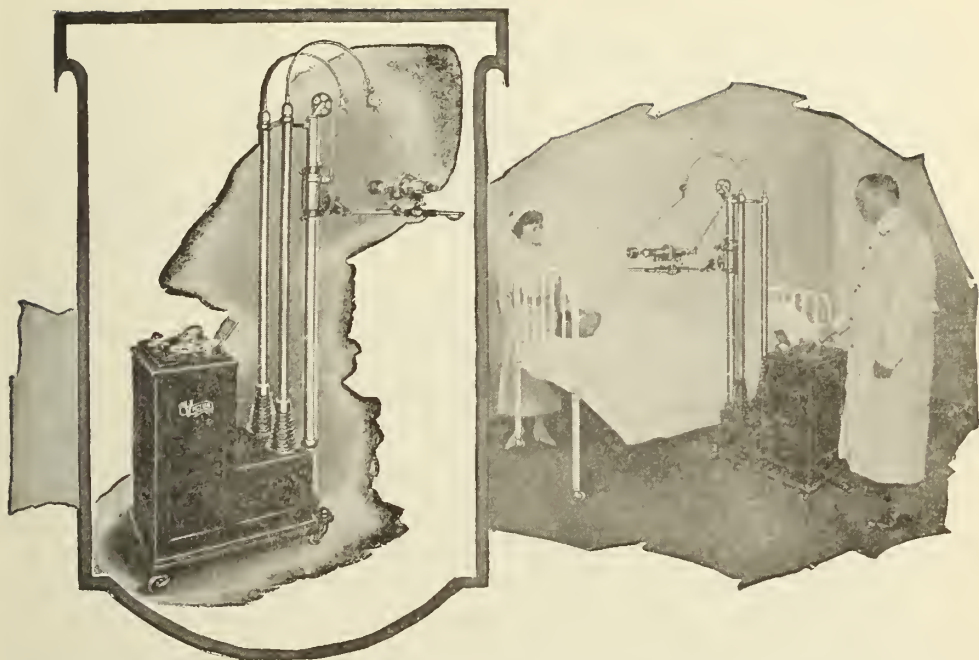
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# THE JOURNAL

OF THE

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### \* VITAL STATISTICS.

By CLARENCE F. KENDALL, Health Commissioner, Augusta, Me.  
*Mr. President and Members of the Maine Medical Association:*

In presenting the subject of vital statistics to you at this time, I do so with the full understanding of what these statistics mean to the community, the state and the nation, and hence make no apology.

First, let us consider what vital statistics are. These have to do with the recording of events of human lives in its various phases, i. e., birth, marriage, divorce, sickness and death. Ordinarily it is restricted somewhat in its meaning and does not include the morbidity or sickness statistics which are very necessary in estimating the mortality of different diseases.

Within recent years the word demography has come into general use to express this branch of study. This word means the science or description of the people. Here the status of population is the central idea and vital statistics are of chief importance as expressing the movements of the people. Leaving apart the question of demography as a science of national development, our interest in the subject of vital statistics, as physicians and public health workers, will depend chiefly upon the valuable purpose it may be found to serve in sanitary work, and in giving to the practitioner that complete knowledge of the natural history of disease which should be the preliminary to successful methods of combating it.

\* Read before the annual session of the Maine Medical Association, June 27, 1922.

The accurate collection, tabulation and analysis of records of births, stillbirths, marriages, divorces, sickness and death may be said to constitute the bookkeeping of humanity. Throughout the world there is an ever increasing interest in maintaining records of finance, making collections of books for libraries, of geological and other specimens for museums. No successful business man would think of carrying on his business without an accurate tabulation of the events which make his business successful. These tabulations are very important, yet of how much greater importance is the correct tabulation of those events in each individual's life which, taken as a whole, effect the lives and perhaps destinies of a nation. A successful life is not always one which may be successful financially, but if the system of events which forecast his demise are noticed, so that he may combat to prevent them from making a premature end of life, he may be considered much more successful, and so should a nation carefully collect and keep such checks and balances that tell of increase or decrease of numbers, and causes affecting the same, and which tell the status of social conditions, so that the question of living or dying may be rationally considered.

Human life in its beginning, its duration and ending is the predominant consideration in all personal, social, state and national problems. The standing of a nation is finally to be measured by the standard of human beings. No thoughtful person denies this fact, yet what a surprise it is—yes, a shock—to remember that we ignore in great degree these important matters. We do not fail to keep a record of all legal procedures, of all commercial transactions, no matter how insignificant; we keep careful minutes of a town meeting or a social club or our medical meetings, yet a human being, made in the image of God and endowed with a mortal soul, can be born and can die without any public, and frequently no private, record of the fact. However, it is not so with animals and plants. For them, elaborate systems record their birth, entire career and death. The owner of pedigreed stock has their births and deaths recorded; yet children, our hostages to fortune, are born, and fathers and mothers die, without record. The state and national governments spend large amounts of money annually in preventing disease from destroying vegetables, plants, animals, and in collecting data in regard to crop statistics, beef, poultry, and animal statistics, but in not a single place in the whole country do we accurately know the number of cases of diphtheria, scarlet fever, whooping cough and other communicable diseases and the deaths from these causes among our babies.

Large sums of money are being expended annually in properly disposing of sewage, in protecting public water supplies, in disinfection

carrying on the tuberculosis and other public health crusades, in various kinds of educational measures, etc. How can we determine if this money is being spent to the best advantage unless we see their effect on the death rate. How can we actually judge the health conditions, the sanitary aspects of a community, unless we have an accurate birth rate to compare with the death rate? To the individual directly, the registration of births is important. There is hardly a relation in life, from the cradle to the grave, in which such a record may not be evidence of great value. It would seem that there are but few people whose birth, marriage or death does not, at some time, become a matter of official or legal cognizance.

Children are the nation's most valuable asset, for on their inherent possibilities and their development the future of the state depends. The registration of an infant's birth, whether it is born alive or stillborn, is necessary before accurate vital statistics can be secured and before an intelligent basis can be laid for public health work, especially for the reduction of infant and maternal mortality. Further child labor laws can not be enforced without irrefutable proof of age. The drafting of thousands of men for military service emphasized the need of more complete birth registration. Every child born has a right to be recorded on the books of the state and nation.

The two great important events in the life of each individual are his birth and death, the alpha and omega, the beginning and the end.

The following are some of the reasons why births should be recorded.

1. To establish identity and prove nationality.
2. To prove descent or legitimacy.
3. To establish a right of inheritance to property.
4. To establish ability to make contracts.
5. To show when he has a right to enter school.
6. To show when he has a right to seek employment.
7. To establish the right to vote.
8. To establish the right to hold public office.
9. To enter the professions.
10. To prove the age at which marriage contract may be entered into.
11. To establish liability to military duty.
12. For court purposes.

The physician holds the key to the situation so far as the making and filing of certificates is concerned. The records, to be of the highest and fullest value, must be complete and accurate when they leave his hands and must be filed promptly. Delay in filling and filing certificates



means incomplete records. During the year 2,853 incomplete records have been received in our department, which means that 2,853 letters had to be sent out, and only 2,688 replies were received. One hundred and sixty-five letters were returned, the authorities being unable to locate the parties. This means 165 incomplete records, the most of them births without the name of the child, actually valueless as records. These births had been returned by physicians, in some cases months after birth. In the meanwhile the family had left the town and could not be located. This shows the need of prompt reporting.

Although this late filing of records is very aggravating and causes a great deal of trouble, at present it is not our greatest difficulty. The failure to report at all is what causes trouble later in life. In many cases the parents of the child, and perhaps the physician, are dead when it becomes necessary for the person to furnish proof of the place and date of his birth. Who knows how severe this handicap may be to the party concerned?

Recently (in January) one physician sent in one hundred birth reports at once, dating back almost a year, some of which were incomplete. The deaths of some of these had been recorded during the year and he had been written to several times to send the birth certificates, but had not even the courtesy to answer our letters.

We have had, during 1921, about a thousand requests for copies of our statistics, of course dating back in some instances many years, about 100 of which we could not furnish. Some of these were from lawyers when inheritance of property was at stake, others involving legitimacy, etc.

A mistake which is sometimes made is in reporting the sex of the child. We have had several instances asking for information about a certain child, only to find that our records showed the child of certain parents to be of the opposite sex concerning whom the inquiry was made. This may seem surprising to many, but the physician has reported this birth sometimes months after birth and thinks he remembers the sex and so makes this mistake. This all shows how necessary is the prompt and accurate reporting of births. We must also urge physicians to write more plainly and be careful of the spelling of the names.

Vital statistics are of great value from the sanitary side as well as from the individual side. The value of the practical application to everyday life of the ounce of prevention will hardly be disputed, and surely the prevention of disease constitutes the very crown of scientific medicine. The connection between the accurate registration of the existence of communicable diseases, of all deaths, and the causes of

deaths, and the practical prevention of disease seems to be apparent. Whatever throws light on, or influences, the causes of sickness or death, or whatever hastens or retards marriages or increases or decreases the number of births, must be helpful, yes, vitally necessary.

We must also consider the educational value of vital statistics. At this time it is necessary to show the relative destructiveness of the various diseases, that the death rates and sickness rates from them would educate the people to the necessity of action. At the present time the fact that pneumonia leads all other diseases in the number of deaths. In December, pneumonia killed 119, while tuberculosis has 44 to its credit in the State of Maine. Pneumonia is a reportable disease, yet only 40 cases were reported, with 119 deaths. How are we to get the death rate from pneumonia under these circumstances?

To convince and lead to action the keepers of the public purse, so that the state can do her part in disease prevention, vital statistics are absolutely essential.

Every parent or householder wishes to protect his household against disease, just as he would against thieves or other dangers of society. To have this protection it is necessary to have the aid of the physician and it should be gladly given. When infection from scarlet fever, diphtheria or any other communicable disease appears in a household, it is indeed wicked—yes, even criminal—to withhold any information which one may have from those who wish to prevent the extension of infection. A physician negligent in reporting infectious diseases which come under his observation, or negligent in warning and instructing the family in regard to the preventing of transmission to others, is an enemy to society, an enemy to himself and an enemy to the profession of medicine. More, he is a dangerous member of society and should be hunted down and brought to book as would a poisoner of water, assassin or incendiary. In reporting an infectious disease, that the proper measures for control may be instituted, the physician not only renders a service to society, but he renders help to his neighbors, he helps himself, he performs a Christian duty, he performs a service to scientific medicine and fulfills his Hippocratic oath.

Medical science, like all other sciences, must, for its development, have co-ordination of the facts, and numerical expression must be given. In the numerical relations of recoveries to deaths in the numerical relation of destructiveness of the various diseases, in the numerical relation of diseases and deaths compared with various age periods, in the numerical relations of sex, nationality, social conditions and occupations and employments, scientific medicine finds much valuable material for her advancement. All of these relations, and also other facts,

are supplied by vital statistics. Every true physician is in love with his profession; he would have it make all advancement possible and will always lend his aid and service to such end.

#### ACTUAL INSTANCES.

Two actual instances, showing the responsibility of physician to family in the matter of reporting births, will probably serve a good purpose. A young man and wife came from Switzerland to Indiana. They were hardy, honest and industrious, the very kind of people needed to make a nation. They settled in South Carolina. The father was thrifty and intelligent, and within three years became a foreman in a sawmill. When his child was about two years old the father was accidentally killed by a log rolling over him. Time had not been sufficient for him to accumulate property, so the wife struggled with wash tub and needle to support herself and child. One day the news came that a brother of the father, the child's uncle, in Switzerland, had left \$12,000 to the issue of his brother. Great was the rejoicing, which, on account of the neglect of a physician to record the birth, was to become bitter sorrow. Before the Swiss government would turn over the property it must have proof that the little child was the issue of the dead man. As said, the physician had made no record and now he was dead. Neighbors knew of the birth of the child, but could not testify except as to their belief of the fatherhood. The testimony of the mother was not admissible in her own country, for she could lead any child into court and declare any man to be its father. It was the physician's birth certificate, made at the time of birth and presumably in the presence and by the authority of the father, that the law demanded. It could not be produced, and the helpless infant, whom the physician should have been eager and happy to protect and serve, lost its inheritance. What a cruel and unnecessary blow was this, from the hand of a practitioner of the learned and benevolent science of medicine! Surely, a physician's duty to the families he serves, and to the helpless infants he pilots in this world, are not fully performed until he has made out a certificate of birth and taken reasonable care that it is made of due legal record.

Another incident. Farmer Hadley, of Indiana, dying, left his valuable farm in trust of his unthrifty son, to go to his granddaughter on her twenty-first birthday. The girl had been told the date of her birth and always celebrated as her birthday the annual recurrence of the same. However, when she believed she was twenty-one, and then claimed her inheritance, her father denied her age, saying she was only nineteen. The family Bible was appealed to, but the leaf with the

family record was gone. No birth record had been rendered, and the attending physician was dead. The court was in a quandary. A Solomon was needed for judgment. At last a neighbor remembered that a valuable cow belonging to the grandfather had given birth to a calf on the day the girl was born, and he could swear to it. Perhaps the grandfather had recorded the date of the birth of the calf. His farm books showed this to be the case. The date of the birth of the human being was established.

Recently a man born in Bath wished to get a position on a transatlantic steamer. It was necessary for him to furnish a copy of his birth certificate. Application to the City Clerk of Bath and to our Division of Vital Statistics for a copy of his birth certificate was of no avail. He could not get this position.

A young man wished to enlist in the navy, but was prevented from doing so, as there was no record of his birth. He was born in 1903.

A young man was lately a candidate for office in Maine. His parents came from Canada. He was born in Maine, but his birth was not recorded. His political opponents claimed that he was not a citizen of Maine and thus made trouble for him.

A young man from Maine was a candidate for appointment on the police force of Boston, but his birth had not been recorded. Trouble again.

Another young man from Maine in the employ of the mechanical department of one of the railway companies of Massachusetts was caused much trouble because he could not get proof of the time and place of his birth, which he was required to furnish. His parents had failed in their duty to their child in that no record of his birth had been made.

Another man from Maine had received an appointment to a government position and was distressed because he was required to furnish proof of age and nativity. No record of his birth had been made.

A Senator of the Legislature of Maine said it cost one of his clients \$50 to get proof of his marriage, because no record of the marriage had been made.

#### SUMMARY—CONCLUSIONS.

The importance of vital statistics to the family, to the state, and to medicine, can hardly be over-estimated. The physician, the representative of the science of medicine, is, except in instances, the only member of society who can supply information in regard to causes of deaths and the presence of infectious diseases. As it is of very great importance to the family that its births, deaths and cases of infectious diseases be legally recorded, and as the family presumably pays for the

physician's services, the physician, therefore, should not consider his services fully performed, nor that he is entitled to his fee, until the certificates, which are of such great importance, are duly made. And again, the physician should remember, when reporting vital statistics, that he is giving obedience to the statutes of his state, on which he depends for protection; that he is protecting the helpless; that he is doing a general good and that he is serving the science of medicine.

#### DISCUSSION.

THE PRESIDENT: The paper of Dr. Kendall is now open for general discussion.

DR. MANN: Mr. President, may I ask Dr. Kendall if pneumonia is a reportable disease?

DR. KENDALL: It is.

DR. MANN: I had no idea that I should notify the Board of Health if I have a case of pneumonia. Our laws are becoming so complicated that it is necessary for a physician to take a course in the study of law before it is safe to practice medicine. In regard to the importance of identifying a child after birth, I would like to know how in the name of heaven you are going to do that when not a child in our section of the country is named for three months after it is born.

THE PRESIDENT: You have heard the very pertinent suggestions of Dr. Mann. I will call upon Dr. Kendall to answer them later after any other suggestions or questions have been propounded by any other member of the Association.

DR. WARREN: Mr. President, it would seem rather a waste of our valuable time to have such a paper. The trouble is that we know ourselves that we are to blame for not reporting births. I have had the pleasure—I think I may use that word—of making a note of every case of labor that I have attended. At first it was a pleasure; lately it has become a tiresome duty; and yet I have never, except occasionally—I suppose I am liable to make mistakes like all human beings—occasionally there will be a birth neglected. Now there are two things that are absolutely essential for the doctor to do if he is to do his duty as a gentleman and man of honor. You have got to keep a record of births for two reasons: First, legitimacy, and, secondly, for the legal question.

Here is a case. The baby was born at noontime, the mother absolutely insisting that she was not going to have any baby. The father of the child was the son of the president of one of our Maine institutions. The child was never acknowledged. He was a bright boy, brought up by an old-fashioned "auntie" nurse. I lost sight of him after a while, until one day he presented himself and said that he was going to be married. He was twenty-two years of age and he wanted to know his mother's name and his father's name; otherwise he could not get a marriage certificate. Luckily, I had the mother's name, and by looking back into the city records I got his father's name, and the boy was legally married. Well, another thing! Two years afterwards the boy was drowned, after marriage, and having one child. Until he got my birth certificate he could not legally be buried and he could not legally get his life insurance.

Here is another case! A man came in the other day and said that I delivered



his daughter twenty-three years ago; that she was in Ireland, that she had gone over for a visit, and could not come back because she could not get a passport. She did not know the date of her birth. I had the good luck to turn back to the book, and there was Bridget Flaherty, or whatever her name was, born such and such a date, and he brought his daughter home, but she might have been there until this time, for aught I know, if it had not been for the statistics.

Now I see only one way out of it. A man that will let his birth certificates go until they get to be one hundred, his certificates are no good anyway, because he cannot remember unless he has notes. Every man who fails to make a certificate of birth within ten days should pay ten dollars fine. After he has paid twenty or thirty dollars he will begin to make his certificates at the end of ten days. [Applause.]

THE PRESIDENT: Who else has something to say about Dr. Kendall's paper?

DR. HAYDEN, of Livermore Falls: Mr. President and Members: How many of us here know whether we were registered or not? My father was a clergyman, and by an accident of birth I happened to be born in Massachusetts. I remember of hearing him tell the doctor's name, but he has been dead a long time. At the time it would have been very awkward for me to find out my parents' birthplace. My grandparents were all dead, and there was no one that I know of that could testify absolutely that I was an American citizen; that I was born in America. I wrote to Lawrence, Massachusetts, and I can assure you that I was rather shaky as to whether my birth was recorded. Fortunately I had a man who took pains to record it. It is a very serious thing at times. You may want to come back into this country from another country; your legal rights to property may need to be established. As Dr. Warren has said, you cannot be legally dead and buried at times unless you prove your birth. I think they ought to increase the fine, and that any man who does not record a birth within the time should pay a fine of at least ten dollars for each offense. If such a fine could be imposed, this matter would not be neglected very much.

THE PRESIDENT: The comments of Dr. Warren and of Dr. Hayden suggest a quotation from the town history of one of our Maine municipalities, in which it is recorded that a certain distinguished member of our profession was born in that town on a certain date during the temporary absence of both his parents. [Laughter.]

DR. CALL of Lewiston: This matter that Dr. Mann has mentioned brought to my mind a selfish reason, perhaps. I have been carrying out the plan whereby nowadays a majority of us see our maternity cases several times before birth. So I tell my patients to have the boy's name or the girl's name ready. At the birth I say, "I shall have to see you once or twice. Have your name all ready if you have not already got it." And at the next call I fill it in.

THE PRESIDENT: Is there any further discussion? If not, Dr. Kendall has some problems put up to him to answer.

DR. KENDALL: Mr. President and Members: The first question of Dr. Mann: Every physician is furnished with blanks for reporting infectious diseases, and if he will look at that he will see that such diseases are there. The last *Bulletin* gives a list of all reportable diseases. If you read your *Bulletin*, you will see it there. Read them! Don't throw them in the waste basket. The second question has been answered by Dr. Call. Now I practiced medicine quite a number of years and I never had any trouble in getting the name of the child in the required time. Dr. Call said that if you will tell the patient that you have got to have the name of the child no the sixth day to make your report, you will get it.

## **CROSS-FIRE IN X-RAY AND RADIUM TREATMENT OF MALIGNANT DISEASE.**

By ROYCE B. JOSSELYN, M. D., Portland, Me.

In treating a thickened lesion, the deeper parts of which are several centimeters or more beneath the skin surface, it is often difficult to apply a sufficient amount of radiation to the deep carcinomatous cells without seriously injuring the overlying surface. This difficulty is overcome somewhat by using heavily filtered rays and increasing the skin-focal distance. By this method very penetrating rays alone are used, but still the deeper parts of the lesion do not receive a lethal dose, owing to loss of intensity by absorption and increase of distance. In order to give a sufficient dose to cells situated below the surface without giving more than the skin toleration dose to any one area on the skin, several ports of entry are used. This is the so-called cross-firing method.

In treating an epithelioma of the nose, involving the deep tissues as well as the skin, cross-fire treatment may be carried out by using heavily filtered X-rays from each lateral aspect, or by using X-rays outside and radium inside. A subcutaneous tumor of the finger may be radiated from four sides, laterally, anteriorly and posteriorly. The tumor in this case would get about four times as much radiation as it would if rayed from one side alone. Each port of entry, however, would not get a dose exceeding the safe skin toleration dose and no superficial injury would occur.

While this method is not always necessary, in considerable number of cancers it is the only means of getting sufficient radiation to the deeper and more remote portions of the growth to effect a cure. It has been shown that certain types of cancer are very resistant and sometimes require six or seven lethal doses of radiation to cause death of the cells. Therefore the subject of cross-firing is one of the most important in treatment with X-rays and radium.

## JOURNAL OF MAINE MEDICAL ASSOCIATION

### *Editorial Staff.*

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 DR. S. J. BEACH, Portland.      DR. G. A. NEAL, Southwest Harbor.  
 DR. F. H. WEBSTER, Rockland.

## A COMMITTEE ON OUTSIDE RELATIONS FOR EVERY COUNTY CLUB.

The Portland Medical Club sometime since established a committee who should at the successive monthly meetings, report on things of value to the profession occurring from month to month and anywhere in the world. In order that men in county or private medical societies in Maine and elsewhere may get some idea of this useful work, as accomplished by the committee, we mention of the series of two-minute papers, which were read at the October Meeting of the Portland Medical Club, consisting of over a hundred members.

The first paper mentioned the case of repeated threats of murder made by a homicidal maniac in Portland. Owing to some conflict of authority, he was not imprisoned but allowed to go free, until one day, after many repetitions of his threat, he killed his victim, the honest wife of a man of Italian birth. The suggestion was made that members should study the behavior of such maniacs and offer to the Governor and Council suggestions for better and safer means for their permanent incarceration.

A second paper suggested that inasmuch as Louis Pasteur's centennial of birth occurs in December of 1922, it would be a very handsome thing for the President of the Portland Society, as well as of county societies throughout the state, if public mention in a brief form were offered to members at the annual meeting in order that they could appreciate the fame and the real grandeur of Pasteur, when compared with any man who ever lived.

In a third brief note, attention was called to the active and successful part which Dr. Clarence John Blake, of Boston, took in the inven-

tion of the telephone, and of the extreme regret that in the life notices of Bell no mention was made of Dr. Blake, or credit given to his preparations of the human membrana tympani which made Bell's telephone a working possibility. Without Blake, there would have been no Bell telephone.

Finally, attention was called to the circulars lately sent out for a second Cancer Week in Portland, in November just past, and members were urged to prepare papers for the occasion and to come forward in the discussions concerning the prevention and cure of this dreaded disease, by medical as well as by surgical means.

A good many physicians in Maine read what is going on in the medical world, but what they learn they keep to themselves, because they have no opportunities to spread their knowledge by frequent meeting with other physicians. The interest shown in the reports of this committee in the Portland Club proves that in establishing such a committee, and in that committee keeping the members up-to-date, a distinct advance in a form of medical education has been begun. We wish that every county medical society would follow out the suggestions in this brief notice of work already accomplished. Furthermore, such reports could be utilized for the public press and keep people informed of medical advances.

J. A. S.

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## *Book Reviews.*

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**"The Delinquent,"** by Dr. F. E. Leslie, U. S. Public Health Service.

It is pleasant to note literary activity on the part of the medical profession everywhere, and our thanks are first due to our old friend, Dr. Leslie, once of Andover and now in the U. S. Public Health Service, for his agreeable though brief paper on "The Delinquent." It is a genial and instructive survey of different types of unfortunates of both sexes, bad men and bad women. After noting varieties on exhibition, Dr. Leslie suggests a varying hygiene in different syndromes, with the idea of an ultimate cure and restoration of the individual to society. The period in which hygiene is to be taught as a means of preventing delinquency ranges between the time of infancy, terminating with weaning, childhood to puberty, adolescence and adult life. In each of these attention must be given in stated directions with hope of final benefit. The pamphlet is suggestive and illustrates what capable gov-

ernment officials can do for a class of people troublesome to the profession and to their relatives alike.

**"Health,"** edited by Dr. F. E. Green.

*"Health"* is a magazine now in its second year, and edited by Dr. F. E. Green, the former efficient Secretary of the Council on Health and Public Education and Instruction in connection with the A. M. A. Dr. Green's idea is to publish, in simple language, a magazine which shall tell its readers what physicians of to-day know of the preservation of health, the prevention of disease, and of the value to the community of educated physicians. In a word, the magazine hopes to educate the people to understand the relations which should exist between them and the members of our profession. This magazine is printed in an octavo of sixty-four pages in each issue; it is well illustrated, and contains the latest news from State Boards of Health throughout the nation. It is worth having in every home, and we are glad indeed to say a good word for a periodical of so much value to the people and the doctors alike.

**"Dr. Abrams,"** a reprint from the A. M. A.

As for Dr. Abrams, we can say nothing except that he is one more of those personages who emerge, without a reason, from obscurity into the limelight of publicity, flash brightly, shine out for a while, and then cease to throw even the faintest glimmer of light on medicine on its pathway toward improvement in health and diminution of disease. It is easy to talk and to make awestruck people believe that you have discovered something new and curable for everything, but the older we grow the more we note the rise, progress and decay of the flowing word. People will still be born, will still persist in falling into diseases, and all of them shall see death. For untold ages promises for health and for cure of all diseases have been made, but they have never been kept. Such things will continue so long as the world endures. It is the long and the short of all new cure-alls and new methods of diagnosis. Well belauded, Dr. Abrams is to the student only just one more of those skyrocketers which rise majestically, increase in refulgence to a certain space above the earth, throw out an illumination which shines brightly over the upturned faces of simple souls gazing intently into heavenly spaces in search of health and then they fade into nothing, returning as mere bits of wood to mother earth, or are wafted away into space and forgetfulness. Everything passes: nothing remains but the Creator. In a few years from now the famous ossiloclast of Dr. Abrams will be collecting dust on office shelves, on which rest beside it the equally famous Tractors of a century and more ago. The depths of human credulity have never yet been fathomed, and they never will be.

J. A. S.



## Correspondence.

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PHILADELPHIA, PA., November 22, 1922.

FRANK Y. GILBERT,

*Editor Journal of the Maine Medical Assn.,*  
148 Park Street,  
Portland, Me.

*Dear Sir:*—Will you be kind enough to publish the following announcement in your JOURNAL at your earliest opportunity?

The National Board of Medical Examiners announces the following dates for its next examinations:

Part I: February 12, 13 and 14, 1923.

Part II: February 15th and 16th, 1923.

The fees for these examinations have been continued at the reduced rate for another year. Applications for these examinations must be forwarded not later than January 1, 1923. Application blanks and circulars of information may be obtained from the Secretary of the National Board, Dr. J. S. Rodman, Medical Arts Building, Philadelphia, Pa.

Thanking you for your co-operation in this matter, I remain,  
Sincerely yours,

J. S. RODMAN, *Secretary.*

R-m.

NEW HAVEN, CONN., Nov. 24, 1922.

DR. FRANK Y. GILBERT,

*Editor Maine Medical Assn. Journal,*  
Portland, Me.

The undersigned is desirous of obtaining information regarding the prevalence of infectious jaundice in your state. The disease is non-reportable and information regarding its prevalence cannot therefore be obtained from Boards of Health. I shall be grateful for any reports of outbreaks which your readers may care to send me.

GEORGE BLUMER, M. D.,

By H. S.

195 Church St., New Haven, Conn.

HOULTON, ME., November 23rd, 1922.

*To the Editor:*

The annual meeting of the Maine Medical Association may be a bit far off, but it is not too far to consider certain questions and problems that belong to us.

A matter of great importance to the future work of the Maine Medical Association is the consideration of employing a full-time secretary, have a permanent office, with modern equipment, for such an official, and employ what needed clerical help the work may show to need. It seems needless to add that such a suggestion in no way indicates any dissatisfaction with our present Secretary, which surely would be a high degree of ingratitude on the part of any of us. The work on secretarial lines has advanced by leaps and bounds until it has really become a position that demands from a man decidedly more than we have any right to accept, let alone ask for. The majority of the members of this Association are men actively engaged in the work of their profession. Under the conditions that now obtain our Secretary not only has to do a great deal of work, but he has to do it under no inconsiderable inconvenience and financial loss. Such a thing is a fact beyond question, and we are indeed acting in a most selfish manner if, knowing the facts, we ask any man to assume such a burden. The fact that Doctor Bryant and other willing and generous members have done such work well and with no consideration for the sacrifices involved has been to their great credit and our extreme good luck in having such colleagues. The suggestion of a Field Secretary would in no way displace Doctor Bryant. There is work and work in plenty for both men and they are both needed.

The next matter that we must consider is the one of finance. It is obvious that the suggestions made above will require quite a substantial increase in the funds of the Association. Obviously, if our work is to continue and is worth while then it must be done well, and that requires an expenditure of money in the plan suggested. Considering the personal benefits that accrue each member of the Association, it hardly can be thought unreasonable if the dues are advanced so that a businesslike income will be the yearly budget. If \$10 a year will not carry us along, then whatever amount that may be required should be willingly given.

Years ago the dues that were in force were sufficient. Today such an income makes us skimp and try to do the impossible. The time to discuss the matter and the place to do it is in our county societies. The meetings this winter give ample opportunity, and this suggestion is made that we do so carefully and with due respect for our work.

F. H. JACKSON.

December 6, 1922.

*To the Editor :*

I am endeavoring to make a complete study of the distribution of human actinomycosis in this country. The number of cases reported in the literature is suprisingly small, and I know that the disease is not so rare as is sometimes thought. I shall greatly appreciate hearing directly from anyone who has had experience with this disease, and desire to know concerning case histories the following : age, sex, occupation, residence, state in which the disease was contracted, location of lesion, duration of symptoms, and any special points of interest connected with the treatment, outcome of the disease, or necropsy findings.

A. H. SANFORD, M. D.,

Mayo Clinic, Rochester, Minnesota.

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## *Notes.*

### IMPORTANT ANNOUNCEMENT.

The medical profession everywhere will be interested in the announcement that the Abbott Laboratories of Chicago have purchased the Dermatological Research Laboratories of Philadelphia. This is an advance step for the Abbott Laboratories and will give them deserved recognition among the leading manufacturers of medicinal products.

It will be remembered that the Dermatological Research Laboratories were the first in the United States to produce Arsphenamine during the war, when there was such a scarcity of this article, and these laboratories became well known to the medical profession for their patriotic attitude in developing and manufacturing medicinal preparations in this country. By this purchase of the "DRI" products, the Abbott Laboratories inherited their prestige.

The Abbott Laboratories acquired control of the Dermatological Research Laboratories on November 1st, and are continuing to operate them in Philadelphia under the direction of Dr. Geo. W. Raiziss, head of the department of chemistry, and his corps of specially trained assistants. Orders for "DRI" products will be promptly filled from the Philadelphia laboratories or from the home office of the Abbott Labora-

tories, Chicago, or by any of their branches or distributors. For further particulars regarding their purchase of the Dermatological Research Laboratories, the readers of this JOURNAL are referred to the statement of the Abbott Laboratories on another page of this issue, entitled, "IMPORTANT ANNOUNCEMENT TO THE MEDICAL PROFESSION."

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### THE NEW HOME OF HYNSON, WESTCOTT & DUNNING OF BALTIMORE.



This national drug firm has just erected and occupied its own building at Charles and Chase Streets, Baltimore. The building is artistic in appearance and adapted to accommodate the several departments of their rapidly developing business, which began in a small way in 1889, but has grown to a million a year, with an organization of one hundred and twenty-five people. Their unique sales department alone comprises nineteen men who visit physicians in all parts of the United States but do not sell goods. Thirty-five of their products have been accepted by the Council and are advertised in this JOURNAL. None of their preparations are offered direct to the public, but are introduced to the medical profession for the use of physicians and their patients. Mr. H. P. Hynson, one of the founders, died in 1921; but their growing business has now been established in new quarters under the immediate supervision of Messrs. James W. Westcott and H. A. B. Dunning (the latter being the active administrator), with a highly trained force, equipped to meet promptly the demands of the medical profession anywhere and at all times.

### POSTGRADUATE SCHOOLS FOR VETERANS' BUREAU PHYSICIANS.

In order to render the best possible professional care and treatment to disabled ex-service men, Colonel C. R. Forbes, Director of the

Veterans' Bureau, announces that he is about to establish postgraduate schools for physicians now connected with the Bureau and those who wish to join this service.

There will be two schools for the teaching of the diagnosis, care and treatment of pulmonary tuberculosis, one at Fitzsimmons General Hospital, Denver, Col., and the other at U. S. Veterans' Hospital No. 41, New Haven, Conn. The courses at these hospitals will be uniform and will run simultaneously. Each course will last two months, and will include collateral branches of medicine, such as pathology, X-ray plate interpretation, physiotherapy, etc.

Before attending the schools physicians now in the service will be given a preliminary course which will be established under competent instructors in each of the Veterans' Hospitals for tuberculosis. They will then be selected to take the postgraduate course at Fitzsimmons or New Haven. Specialists not connected with the Bureau will be invited to attend and give lectures to the students. It is anticipated that at least three courses of two months' duration each can be run during the year in the east and west.

As more physicians with special knowledge of tuberculosis than are already in the service will soon be needed, it is hoped that this demand will be supplied from the profession at large. Applications for admission to the schools with a view to service in Bureau hospitals may be sent to Colonel C. R. Forbes, Director of the Veterans' Bureau, Washington D. C.—Attention Clinical Director of Tuberculosis.

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### NEW AND NON-OFFICIAL REMEDIES.

During November, the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-official Remedies:

Lederle Antitoxin Laboratories:

Mercurialized Serum-Lederle for Intravenous Use.

Charles Leich and Company:

Sulfarsenol.

Mallinckrodt Chemical Works:

Barium Sulphate Pure—M. C. W.

H. A. Metz Laboratories:

Benzosol.

Parke, Davis and Company:

Silvol.

Arsenobenzol—Dermatological Research Laboratories and Arsphenamine—Dermatological Research Laboratories. These products are now marketed by the Abbott Laboratories as Neoarsphenamine—D. R. L. and Arsphenamine—D. R. L. The Council has continued the acceptance for New and Non-official Remedies under these names.



## *Notice.*

### **EASTERN MAINE GENERAL HOSPITAL GIVES COURSE IN LABORATORY TECHNIQUE.**

As a part of the educational work of the Eastern Maine General Hospital at Bangor, a course in laboratory technique is to be given under the direction of Dr. H. E. Thompson, pathologist at the hospital. This course will be for the purpose of training technicians for positions in the hospitals of the state and elsewhere. The course is for six months. Students will receive instruction in all the routine laboratory work which ordinarily would be needed in the smaller hospital.

## *County News and Notes.*

### **HANCOCK.**

#### **HANCOCK COUNTY MEDICAL SOCIETY.**

The Hancock County Medical Society held an annual meeting at the Hurley Hospital, Ellsworth, on Wednesday, November 15th, at 8.30 P. M., and the following officers were elected to serve during the year 1923:

President, Dr. R. V. N. Bliss, of Blue Hill.

Vice-President, Dr. R. G. Higgins, of Bar Harbor.

Secretary-Treasurer and Delegate, Dr. G. A. Neal, of Southwest Harbor; Alternate Delegate, Dr. R. W. Wakefield, of Bar Harbor.

The Board of Censors for 1923 will be Dr. R. A. Black, of West Sullivan; Dr. Lewis Hodgkins, of Ellsworth; Dr. C. H. Gibbs, of Ellsworth.

The literary exercises of the evening were a paper by Dr. J. D. Phillips, of Southwest Harbor, entitled "The Future Status of the Small Community in Relation to its Medical Service"; a paper by Dr. G. A. Neal, of Southwest Harbor, entitled "The Conduct of Posterior Positions"; Dr. R. W. Wakefield, of Bar Harbor, made a report with comments of some cases of tubal pregnancy. All of the papers were interesting and well discussed.

During the social hour a delicious lunch was served by Mrs. Hurley, Superintendent of the Hurley Hospital.

This society has held five meetings this year, two in Ellsworth, one in Blue Hill, and two in Bar Harbor. Among those who have presented papers are Dr. Harrison Hunt, of Bangor, Dr. Frederick Fraley, of Philadelphia, Dr. Robert Abbe and Dr. John Moorehead, of New York, and Dr. James Mitchell, of Washington, D. C.

G. A. NEAL, *Secretary.*

***Members of the Maine Medical Association.*****ANDROSCOGGIN.**

Andrews, S. L., Lewiston	Langelier, E. H., Lewiston
Beckler, W. B., Auburn	Leathers, E., Auburn
Barrell, D. A., Auburn	LeBel, F., Lewiston
Bolster, W. W., Lewiston	Marston, E. J., Auburn
Buker, E. B., Auburn	Miller, H. R., Lewiston
Call, E. V., Lewiston	Morin, P., Jr., Lewiston
Chaffers, W. H., Lewiston	Norton, C. E., Lewiston
Chenery, F. L., Jr., Monmouth	O'Connell, G. B., Lewiston
Clark, R. H., Lewiston	Peaslee, C. C., Auburn
Cobb, A. A., Auburn	Pelletier, J. J., Lewiston
Cunningham, C. H., Auburn	Pennell, E. J., Hopedale, Mass.
Cushman, B. G. W., Auburn	Pierce, E. F., Lewiston
Desaulniers, J. E., Lewiston	Plummer, A. W., Lisbon Falls
Dumont, L. J., Lewiston	Poulin, J. E., Waterville
Dupras, J. E., Lewiston	Pratt, H. S., Livermore Falls
Emmons, G. P., Lewiston	Rand, G. H., Livermore Falls
Fahey, W. J., Lewiston	Randall, R. M., Lewiston
Fitzmaurice, T. J., Lewiston	Renwick, W. J., Auburn
Garcelon, A. M., Lewiston	Roy, L. O., Lewiston
Garcelon, H. W., Lewiston	Russell, B. W., Lewiston
Gauvreau, H. L., Lewiston	Russell, D. F., Leeds
Gerrish, L. P., Lisbon Falls	Sawyer, S. E., Lewiston
Gilbert, J. W., Litchfield	Small, R. M., Auburn
Girouard, J. A., Lewiston	Scannell, F. L., Lewiston
Goodrich, E. P., Lewiston	Scannell, J. W., Lewiston
Goodwin, R. A., Auburn	Smith, R. I., Auburn
Grant, A., Jr., Lewiston	Sprague, O. A., Turner
Hall, L. F., Auburn	Sturgis, J., Auburn
Hanscom, O. E., Greene	Twaddle, G. W., Auburn
Haskell, W. L., Lewiston	Wakefield, F. S., Lewiston
Hawkins, W. H., Lewiston	Webber, W. E., Lewiston
Hayden, L. B., Livermore Falls	Williams, C. E., Auburn
Irish, H. L., Turner	Wiseman, R. J., Lewiston
Ladouceur, W. J., Lewiston	

**AROOSTOOK.**

Bates, E. C., Houlton	Harmon, C. H., Caribou
Beal, G. N., Caribou	Hill, F. O., Monticello
Bennett, F. E., Presque Isle	Huggard, L. H., Limestone
Blaisdell, E. R., Mapleton	Jackson, F. H., Houlton
Boone, S. W., Presque Isle	Johnson, J. S., Mars Hill
Boone, Stover W., Presque Isle	Kallock, H. F., Fort Fairfield
Bundy, H. C., Bridgewater	Kilburn, F., Presque Isle
Carter, L. F., Presque Isle	Larrabee, F. F., Washburn
Chamberlain, W. G., Fort Fairfield	Mann, F. W., Houlton
Damon, A. H., Limestone	Mitchell, F. W., Houlton
Dickerson, T. S., Houlton	Potter, J. G., Houlton
Dobson, H. L., Presque Isle	Sawyer, A. L., Fort Fairfield
Doble, E. H., Presque Isle	Schneider, G. A., Island Falls
Donovon, J. A., Houlton	Sincock, W. E., Caribou
Ebbett, P. L. B., Houlton	Small, H. E., Fort Fairfield
Fazenbaker, A. J., Caribou	Tarbell, F. W., Smyrna Mills
Fulton, A. J., Blaine	Therriault, L. S., Van Buren
Gibson, W. B., Houlton	Thomas, C. F., Jr., Caribou
Gilbert, Percy E., Ashland	Upham, G. C., Caribou
Graves, R. A., Presque Isle	Upton, G. W., Sherman
Gregory, F. L., Caribou	Ward, P. M., Houlton
Hagerthy, A. B., Ashland	White, W. W., Houlton
Hammond, H. H., Van Buren	Williams, C. E., Houlton

## CUMBERLAND.

- Abbott, E. G., Portland  
 Adams, Eva A., Brunswick  
 Allen, J. H., Portland  
 Alward, M., Portland  
 Anderson, W., Portland  
 Andrews, E. H., Brunswick  
 Austin, S. K., Portland  
 Baker, C. A., Portland  
 Baldwin, A. K., Portland  
 Barker, E. E., Portland  
 Bates, G. F., Yarmouth  
 Beach, S. J., Portland  
 Bennett, J. L., Bridgton  
 Bickmore, H. V., Portland  
 Black, R. P., Peaks Island  
 Blake, J. P., Harrison  
 Bowers, J. W., Portland  
 Bradford, W. H., Portland  
 Bray, C. W., Portland  
 Brock, H. H., Portland  
 Brown, F. I., South Portland  
 Burr, Chauncy R., Portland  
 Burrage, T. J., Portland  
 Carmichael, F. E., Portland  
 Caswell, C. O., Portland  
 Clark, A. U. F., Portland  
 Clough, D. J., Portland  
 Connellan, J. W., Portland  
 Couturier, A., Westbrook  
 Cousins, W. L., Portland  
 Cragin, C. L., Portland  
 Cummings, E. S., Portland  
 Cummings, G. O., Portland  
 Cumston, C. H., Brunswick  
 Davis, G., Portland  
 Davis, H. E., Portland  
 Davis, J. L., Portland  
 Davis, P. W., Portland  
 Derry, L. A., Portland  
 Devereux, F. G., Portland  
 Drake, E. H., Portland  
 Driscoll, D., Portland  
 Drummond, J. B., Portland  
 Dunn, B. F., Portland  
 Dyer, H. L., East Parsonsfield  
 Dyson, W. W., Portland  
 Elliott, G. M., Brunswick  
 Elwell, W. E., Portland  
 Emery, H. S., Portland  
 Everett, H. J., Portland  
 Ferren, F. L., Portland  
 Fickett, J. P., Naples  
 Files, E. W., Portland  
 Fisher, S. E., Portland  
 Fogg, E., Portland  
 Folsom, E. B., Portland  
 Foss, C. W. P., Brunswick  
 Foster, B. B., Portland  
 Foster, C. W., Portland  
 Foster, T. A., Portland  
 Freeman, W. C., Standish  
 Geer, G. I., Portland  
 Gehring, E. W., Portland  
 Gilbert, F. Y., Portland  
 Goodhue, R. F., Portland  
 Gould, A. L., Freeport  
 Gray, J. E., Portland  
 Hale, L. L., South Portland  
 Hall, E. S., Westbrook  
 Hamblen, H., Windham Center  
 Hamel, J. R., Portland  
 Haney, O. E., Portland  
 Hansen, N. C., Portland  
 Harper, I. D., South Windham  
 Haskell, A. W., Portland  
 Hatch, Lucinda B., Portland  
 Haynes, C. F., Gorham  
 Hebb, A. G., Bridgton  
 Hersom, Jane L., Portland  
 Hills, L. L., Westbrook  
 Holt, E. E., Portland  
 Holt, E. E., Jr., Portland  
 Hunt, C. H., Portland  
 Hyde, N. D., Freeport  
 Jamieson, J. G., South Portland  
 Jensen, W. C., Worcester, Mass.  
 Josselyn, R. B., Portland  
 Kimball, W. S. A., Portland  
 Knight, C. S., Portland  
 Kupelian, U. S., Portland  
 Lagerson, V. E., Westbrook  
 Lamb, F. W., Portland  
 Lambert, H., Brunswick  
 Leighton, A. P., Jr., Portland  
 Leighton, C. M., Portland  
 Lewis, Harriet M., Portland  
 Lewis, P. P., Gorham  
 Lewis, W. J., Freeport  
 Little, A. H., Portland  
 Lombard, H. A., Bridgton  
 Lombard, H. L., Bridgton  
 Lombard, L. S., South Portland  
 Lougee, A. J., Fryeburg  
 Lupien, L., Westbrook  
 Mabry, I. E., Bridgton  
 MacVane, E. F., Portland  
 Mahoney, R. P., Portland  
 Mannix, D. E., Portland  
 Marshall, B. F., Portland  
 Marshall, L. B., Hebron  
 Marshall, N. M., Portland  
 McAleney, Jas. L., Portland  
 McDonough, Edw., J., Portland  
 Milliken, H. E., Portland  
 Milnick, J., Portland  
 Mitchell, Alfred, Jr., Portland  
 Moore, R. B., Portland  
 Moran, Wm., Portland  
 Moulton, A. W., Portland  
 Moulton, Henry M., Cumberland Center  
 Moulton, Willis B., Portland  
 Moulton, W. Bean, Portland

Nichols, Estes, Portland  
 Northcott, Edwin M., Portland  
 Noyes, Elmon J., Lovell  
 O'Neill, Jas. B., Portland  
 Oram, Julius C., South Portland  
 O'Sullivan, T. J., Portland  
 Palmer, C. A., Brunswick  
 Parker, Chas. F., North Windham  
 Patterson, H. J., Portland  
 Peters, Clinton N., Portland  
 Pingree, H. A., Portland  
 Pletts, Robert C., Brunswick  
 Poor, L. H., Webb Mills  
 Potter, J. L., Portland  
 Powell, L. L., Portland  
 Pudor, Gustav A., Portland  
 Ridlon, B. D., Portland  
 Ridlon, Chas. H., Gorham  
 Robinson, C. M., Portland  
 Robinson, Edward F., Portland  
 Robinson, W. W., Portland  
 Rogers, J. K. P., South Portland  
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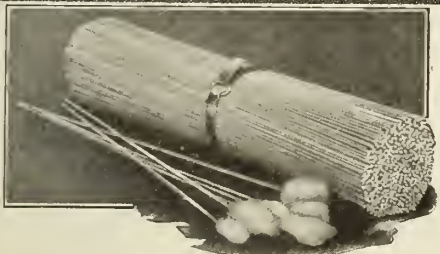
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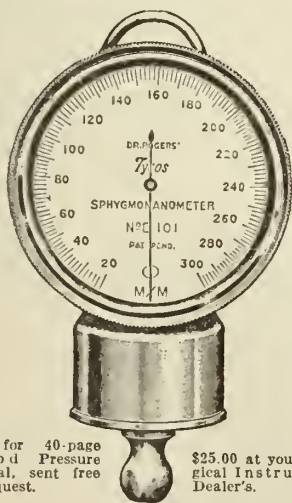
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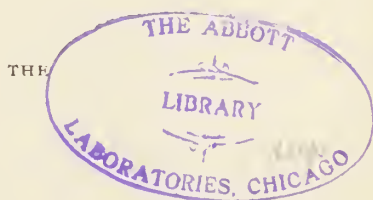
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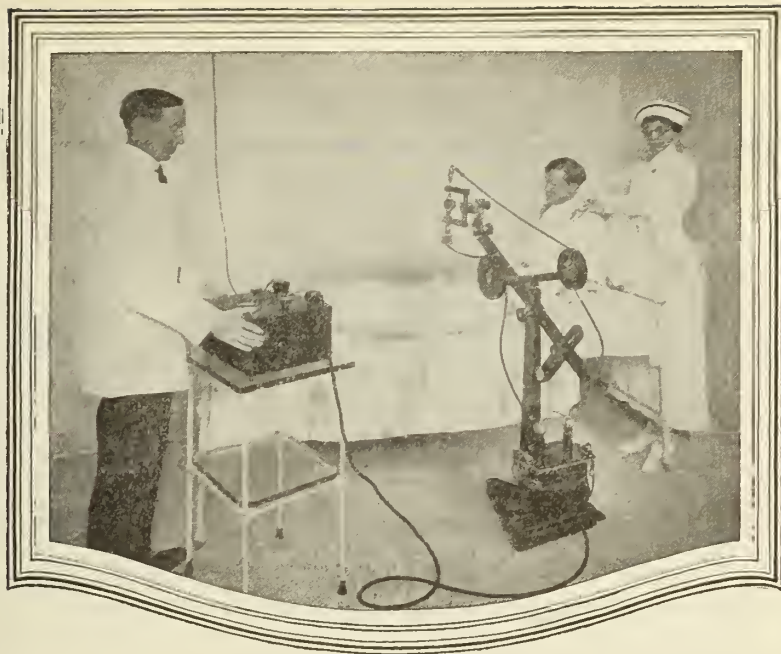
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### \* THE TREATMENT OF ESSENTIAL HYPERTENSION.

By M. CARROLL WEBBER, M. D., Portland, Maine.

Strictly speaking, high blood pressure is a symptom, not a disease. Its importance as a symptom is to be estimated only on the basis of its origin. Accurate diagnosis is the most important consideration.

A blood pressure that is higher than normal may occur as a symptom of nervous excitement, of nephritis, of arteriosclerosis, of aortic regurgitation, of endocrine disturbance, either ovarian, thyroid or pituitary dysfunction. Finally, there are a number of cases which cannot be explained. These cases have been variously named, primary, idiopathic, hypertensive cardiovascular disease, hyperpiesis and essential hypertension.

Not every pressure over 120 means hypertensive disease. The range of normal pressure, and pathologic as well, varies greatly under certain circumstances, exercise after meals, the use of tobacco, pain, fear, worry, nervous excitement, etc. Tixier in France, Mosenthal and O'Hare in this country, have clearly shown the importance of these normal variations. A series of readings should be taken, at least three, with a fifteen-minute interval between. The lowest of the three should be considered the nearest normal. After several visits, if the reading remains constant, it is called by Tixier the residual blood pressure.

It is well to have as clear an understanding as possible of the

\* Read before the annual session of the Maine Medical Association, June 28, 1922.

causation and mode of production of essential hypertension, even if we admit our lack of precise knowledge.

It was formerly thought that an increased blood pressure was an inevitable sign of chronic interstitial nephritis. At the present time it is believed that the "small red kidney" develops as a result of hypertension, as the kidney function tests remain normal in the early years of hypertension, but later show damage to these organs.

Hardening of the arteries was considered to be one of the main causes of hypertension before the diastolic pressure was studied as much as today. Clinical observation has shown that extensive sclerosis may exist without much change in blood pressure. In another group hypertension and arteriosclerosis occur together. This is the largest group, and it is believed that the strain of the increased tension is responsible for the degenerative changes in the arteries. The volume of blood injected into the arterial reservoir with each heartbeat and the tonicity of the arteries and arterioles are the factors concerned in maintaining arterial blood pressure. The character of the heartbeat is the main element determining systolic pressure. The tonicity of the arteries and arterioles determines the variations in diastolic pressure.

Increased blood pressure is not a constant phenomenon, the degree of variation is fairly large. This variability furnishes a clue as to the type of case. Blood pressure readings fall into three groups:

In group one are the cases with markedly increased systolic pressures with comparatively low diastolic pressures.

230 - - 260.

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90 - - 96

In group two are the cases where there is a simultaneous increase of systolic and diastolic pressures.

190 - - 260.

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120 - - 145

In group three are the cases where the diastolic is increased with a comparatively slight rise in systolic tension.

158 - - 170.

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120 - - 135

Group three are the rarest types.

In group one it is evident that the force of the individual heartbeat is markedly increased and the tension of the arteries is but slightly increased. In group three the arterial tension is mainly disturbed and the heart scarcely at all. In group two both factors are involved.

Usually in hypertension the systolic, pressure rises to a greater



degree than the diastolic, and when it diminishes the systolic drops more than a diastolic. However, it is possible for either the heart or arteries to be affected independently of the other to a great degree.

What are the causes of the increased heart action and increased tonicity of the arteries? Prolonged excessive physical exertion, great mental activity, worry, excitement, pain, fear, anxiety, neurosis, endocrine dysfunction, chronic infections are all factors that must be taken into consideration if we are to attempt to keep blood pressure at its lowest level. In what way is an increase in blood pressure liable to harm the patient? The cardiovascular system is under a constant abnormal strain from the high tension, and although it can adjust itself for a time without harm, sooner or later it plays out, and certain secondary changes take place which are of vital importance to the patient.

According to the statistics of Theodore Janeway and others, myocardial insufficiency, preceded by cardiac hypertrophy and dilatation, is the usual cause of death in cases of essential hypertension. Next in frequency is cerebral arteriosclerosis, which generally results in hemorrhage—so-called apoplexy—and last, which is also the least common, uremia, preceded and induced by arteriosclerosis of the vessels of the kidney, the symptom complex, spoken of by pathologists as the “small red kidney.”

The idea prevalent some years ago, that an increased blood pressure should not be interfered with, because it was a compensatory exaggeration of function necessary to maintain the well-being of the individual, does not stand the test of clinical observation. Patients under treatment are more comfortable with a pressure near normal than when it is high. The pressure should be reduced as near as possible to normal to forestall the inevitable complications which arise and terminate uncontrolled hypertension. The fact that death usually depends on secondary disease of the heart or arteries suggests that our therapeutic efforts must be directed to the lightening of this strain. The dictates of common sense should be our best guide—temperance in eating, drinking and smoking, moderate exercise, mental relaxation are the goals for which we must strive.

The former idea that the retention of the end products of protein digestion act as irritants that stimulate the heart and arteries to increased activity and thus raise the blood pressure, has never been proved. It is true that a secondary anemia can be produced by restricting protein, which will diminish vitality and lower blood pressure, but the patient pays the price in lessened efficiency. In cases of essential hypertension, enough protein food should be allowed to maintain the



body in efficient condition. Nothing can be gained by the routine restriction of meat, fish and eggs unless there is deficient renal function. The carbohydrates have always been considered innocuous, as they put no strain on the eliminative organs  $C O_2 + H_2O$ . However, if the combination of obesity and increased tension does exist, a restriction of the starchy foods may bring relief. The same may be said of fats in this class of cases.

Salt does not affect blood pressure, and unless the patient is also suffering with a type of nephritis characterized by insufficient salt elimination no benefit is attained with this burdensome restriction. It is perfectly safe in cases of essential hypertension to administer salt as desired.

Fluid intake has no effect on blood pressure unless huge amounts are drunk. Intravenous injections up to a 1,000 c. c. do not affect the pressure. Orr and James report that blood pressure falls after three quarts of water have been taken. Systolic and diastolic remain down some time.

Maloney, Grossman, Mosenthal and O'Hare have demonstrated that the most efficient procedure for reducing blood pressure has been mental and muscular relaxation, obtained by longer or shorter periods of rest. Prolonged periods of rest are much more effective than shorter ones. The length of the period of rest depends on the amount of heart strain, the degree of hypertension and the response of the patient to treatment. The systolic pressure falls more than the diastolic, and it is apparent that these periods of rest affect the overactivity of the heart much more than they relieve the hypertensive condition of the arteries. This method of treatment affords only partial relief from cardiac and arterial strain, but is one of the very few that accomplishes even this.

Chronic focal infections should be searched for and endocrine dysfunction considered. The question of exercise should be reviewed. Extremes of exertion are contraindicated. These patients should not do heavy work, should not hurry, should not run upstairs or after electric cars, should not indulge in competitive athletics—tennis, baseball, basket ball, football or track events. Most essential hypertensive cases lead too sedentary lives. They should take moderate exercise, walking and golf, which should always be carried to a point a bit below the threshold of fatigue and dyspnea. Experience shows that many hypertensive cases feel better for exercise, the explanation being that blood pressure frequently falls after exercise.

Drugs are of little help. Digitalis is of the greatest value, even when the heart is not grossly insufficient. There is great symptomatic relief from fatigue, weakness and headache from its proper administra-

tion. The nitrites are of very doubtful value, as their effect is so evanescent that it is not worth while to bother with them. Benzoyl benzoate has no effect on blood pressure. As yet the endocrines have failed to give results. Many hypertensive cases are fretful, excitable and have nervous complaints; they also sleep poorly. Sedative treatment is proper in their management. Chloral hydrate and the bromides have proven the most effective.

#### CONCLUSIONS:

1. The range of blood pressure varies greatly.
2. Take pressure readings three times.
3. Essential hypertension occurs commonly, and in its early stages is not associated with kidney involvement.

As the disease persists, secondary changes occur in the order of their frequency, cardiac hypertrophy, dilatation and failure, apoplexy, nephritis and uremia. Treatment should aim to prevent these secondary changes.

Rest offers best means of reducing blood pressure.

Diet has no direct effect upon hypertension. Indirectly, by reducing weight, diminishing red blood cells and lowering vitality, may reduce pressure.

Exercise of some benefit.

Digitalis, chloral hydrate and bromides are most serviceable drugs.

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#### DISCUSSION.

THE PRESIDENT: Gentlemen, you have heard a very sound and practical paper by Dr. Webber on hypertension. He has given short shift to our old stand-bys—nitro-glycerine and so on—and<sup>1</sup> has emphasized modes of treatment which many of us have discovered independently and for ourselves are of more value than some of the drugs from which we expected more. Now we have an opportunity to add comments from our own experiences to the systematized statements of the paper. The paper is open for discussion.

DR. MANN: Mr. President, I have listened with a great deal of pleasure to this paper. I have listened to it because I really have questioned whether I knew what hypertension meant or not. I was thinking, when the paper was being read, of a lawyer who dropped into my office a year or more ago—about as active a man as we have in our section of the country. He had a systolic pressure of 200, and a little over, and a diastolic of 120 to 135, and still he had no idea that

there was anything the trouble with him. Just a short time ago, not over a week ago, a prominent official of the Bangor and Aroostook Railroad Company came to see me because he had been losing flesh. We took his blood pressure and found that he had a systolic pressure of 120 and a diastolic somewhere around 50, and still the man supposed he was all right. Both of these cases seem to be doing first-rate. My last case I found had a very rapid heart, and I sent him home and put him to bed, and I expect he is there yet, but he still insists that he is all right. My lawyer friend with very high tension still insisted that he was all right. I was glad to hear this paper, because sometimes I feel that I do not know what hypertension means. Some cases of hypertension you will find where the patients appear to be all right. I was a little surprised to hear the doctor recommend digitalis in these cases. It is a drug that I had not thought of, because I have looked upon it as one that would raise the tension instead of lowering it. Still it may be all right. I am glad to hear this paper, and it has furnished us with a lot to think about.

THE PRESIDENT: Dr. Mann has started the ball rolling, and Dr. Hayden, who consents to my saying that he is of Livermore Falls, although he has not lived there for five years, having been out of the state, will continue the discussion. Dr. Hayden, of Livermore Falls.

DR. HAYDEN: Mr. President, this subject I think is a very interesting one. It seems to me that we look at the subject a great many times from the wrong point of view. They are only symptoms of some other trouble, and the question is what lies back of them. Mrs. Bell, the wife of Dr. Bell, of Strong, was visiting at my house a short time ago and she wanted me to take her blood pressure. I am not in general practice and I had not used the instrument for some time. I had a tykos. I took her pressure twice, and I thought something was the matter with the machine as it only registered a systolic of 80 or 82. Then I took Mrs. Hayden and her systolic registered I think about 92. I have forgotten what the diastolic was; I think the diastolic was all right in proportion. The next day I took my machine into the hospital and tested it out with two mercurial machines, and found that the new one registered just the same as that, and the other one had registered a little higher than the old mercurial. I decided that they had been doing too much shopping and were tired out, and I think that was the right diagnosis. It was during the very hot weather that we had.

Another thing that I want to mention. We had a very interesting talk from Dr. Timothy Leary a short time ago, and he said something in regard to this matter that struck me very forcibly, although he did not undertake to explain it. As you all know, he is one of the medical examiners for Boston and has had very large experience. He said that whenever he found a man of fifty, fifty-five or sixty with the vessels of a man of twenty-five or thirty, whether an autopsy or otherwise, he found that that man had been accustomed—not habitually, but occasionally—to taking a little whiskey, wine, or something of that nature; not perhaps going on a drunk, but he took it at times, and, he said, "I am not advocating your drinking; I am just telling you that this is a fact that I found in the course of my business." I think this may be a good argument to help make it a little easier to get some decent stuff. [Applause.]

THE PRESIDENT: Now who will keep the ball rolling?

DR. WARREN: Mr. President, my blood pressure has ranged from 114 to 120 for years. I am just about forty-two, and I think that is about right for that

age. [Laughter and applause.] I do not think we know anything about this subject. I had a patient who went through this condition which lasted about five years. Of her family, her father died instantly from so-called apoplexy; her eldest brother died of apoplexy after five years' continuance of the trouble; her youngest brother died of kidney trouble—exactly what I do not know—after hard work. My patient for years had a very strong acting heart. I did not take the blood pressure often because it worried her. She was perfectly well. I had never known her to be sick in her life over twenty-four hours, nor require anything except perhaps an ordinary cough medicine or something of that kind. Her blood pressure ran from 200 to 240. The chief complaint she made was that she could not breathe; she was frightened. She was very anemic. She had no kidney trouble so far as we could find out. She was a perfectly healthy woman except for the blood pressure. At last it came to the point where something had to be done and I bled her a quart. Four days afterward she had complete hemiplegia of the whole left side, which lasted for six months, almost to a day. She had no pain. She had no trouble during that time; simply medicine had no effect whatever. Strychnia or nitro-glycerine were absolutely of no use. The only thing that I found that was any relief of the condition at all was digitalis. I have seen a blood pressure of 300 systolic. We have had that several times at the hospital during eclampsia cases. I have in mind the case of an old lady seventy-nine years old who said she was dizzy. I went in to see the family one day and they said, "Mother is dizzy this morning; she don't feel well." I said, "I guess some calomel will do you a lot of good." It did not do any good, however, and I went in the next day and found she had a blood pressure. I had a mercurial. I said, "This is no good and I will get a typos." I did so, and the needle went around as far as it would go. She had a blood pressure of over 300—feeble old woman. I bled her and her blood pressure went down to about 170. I heard from her yesterday and she is perfectly well—rather feeble, but able to be around the house and do the light work that a woman would do at eighty.

I believe that digitalis is one of the best things we can use with high blood pressure, because this old woman who had a blood pressure of over 300 took digitalis regularly for over a year, and the last time I tested her blood pressure it was 170. We had a patient at the hospital the other day after severe bleeding with a blood pressure of 40 and a radial of 38—something like that. The woman was almost dead—almost bled to death—but she lived with that low blood pressure. I think we know very little about this whole subject. I think medicine has no effect at all. I think that perhaps it rather increases the physical condition, that is, the suffocation, the headache, the little dizziness. I think that rest is very important; but even with the rest that the patient I first referred to had for six months, her blood pressure was up to 180 within a week of her death. I say we do not know anything about it. I thank you. [Applause.]

DR. MOULTON, of Hartland: Mr. President, this subject of blood pressure is exceedingly interesting to the medical profession as a whole, and I think it is also exceedingly interesting to the layman. Many, many times patients have come to me for the sole purpose of having their blood pressure taken. They are immediately frightened, and I believe that we should be very careful in making them understand what blood pressure means. It has been the custom in the past to tell a man when his blood pressure is above normal—160, 180 or 200—that he must change his mode of living, that he must change his occupation.



As the writer of the paper has indicated, we must be careful and keep them at work. There is no reason why they should change many times their occupations.

The matter of digitalis was interesting, because many times the heart is involved and the answer is digitalis, of course. There is a form of hypertension that was not mentioned, and which may be classified as the menopause hypertension. Along about that time there is an increase of the blood pressure, which after a time drops back to normal, and it only needs to be watched at that time.

In speaking of high tension, I have a patient I have known for five years, and many times I have taken his blood pressure when the capacity of my instrument has been overtaxed. I have seen once this spring, in post-graduate work at New York, a tension of 96 over 4. The 4 was very low, but it was in convalescence from an acute disease—pneumonia, I believe.

DR. WARREN: What do you mean by 96 over 4?

DR. MOULTON: I mean 96 was the systolic and the diastolic was 4. That was in a hospital.

DR. WARREN: Mr. President, I would like to know the effect of venesection in these cases.

THE PRESIDENT: That will be taken care of by Dr. Webber in rebuttal.

DR. JOHNSON, of Presque Isle: Mr. President, I feel that perhaps it is presuming for a young man to speak on this subject, but the point that has impressed me particularly is this: No matter how high a blood pressure you have, if it has been so for any length of time, your patient's system has become more or less adapted to it. The point of venesection that Dr. Warren made brought this to my mind. I do not believe it wise to reduce blood pressure too suddenly. If you reduce it too suddenly, you are apt to run into a collapse and get into trouble.

THE PRESIDENT: We are doing well, gentlemen.

DR. SYLVESTER: Mr. President, last winter I had a patient who had a vasomotor neuritis affecting the breath. The blood pressure, as I recall it, was around 100. I was using thyroid. In a week or ten days her blood pressure was 148 and stayed there. Whether that was the effect of the thyroid I leave it for you to say. It was an interesting phenomenon for me to see the opposite effect from what is thought by some to result from thyroid.

What Dr. Warren said interested me, and that is why I stepped out here. A relative of the family within a few days died at the age of 86½. Before the war I took her blood pressure—it must have been six years ago, five or six—and it was then 220. That was apparently all that was the matter—high blood pressure—and I suggested to my wife that probably she would be passing out shortly of shock or something of that sort, but she kept right on. A neurologist saw this lady a few months ago and he said that she could not live long; that she will certainly have a shock; that her blood pressure was up beyond his reading, the limit of his instrument. That was several months ago. The woman died from paralysis of the respiratory muscles, but for six years she had a blood pressure certainly above 220, and for two or three months certainly above 300, which is an illustration that the systolic blood pressure may be carried for a good many years to the limit of our instruments without death. [Applause.]

THE PRESIDENT: If there is no further discussion, will Dr. Webber kindly close?



DR. MANN: Mr. President, may I ask Dr. Webber in his closing remarks to tell us just a little bit more about digitalis in these cases, when he would use it, etc.

DR. WEBBER: Mr. President, I will answer the last question first. I am accustomed to administer digitalis in this class of cases whenever, by physical examination, I can determine that the patient has an enlargement of the heart, and also shows the symptoms of fatigue, weakness and dyspnea.

The question of Dr. Warren's concerning venesection: I think that Dr. Johnson has answered that question for me. In cases of emergency, where you have extreme high pressure, I think it is advisable to use venesection, but I should never use it unless I was controlling it with my instrument, and, if I saw any signs of collapse, I should immediately stop the procedure. I recall one case that I had of this type that did collapse after venesection, and I have been a little more careful of that procedure since. I do not think that venesection is of any more permanent benefit than the nitrites, but at certain times I think it is a valuable measure.

Speaking about the height of blood pressure, two years ago I was at Johns Hopkins doing some special work, and while there I saw an interesting experiment performed. I saw the pathologist remove the artery from the brain, which is one that generally bursts under pressure—the middle cerebral artery—and he took this artery out and put it into an instrument that had a mercury reading that would go up to 500. He kept subjecting this artery to pressure until he got it up to 480 before he caused the artery to rupture. This was the artery of a young man of about twenty-four, who had died of typhoid fever. So it is evident to me that, if we have a normal artery, it will stand tremendous pressure without rupture, but we have no way of determining how much sclerosis has taken place in the cerebral vessels, and I think if we have those cases where they carry a high blood pressure, we should not look for a termination by arteriosclerosis in the vessels of the brain, but we should figure that those cases will die from myocardial insufficiency or chronic interstitial nephritis.

The point that I would like to have everybody take away concerning high blood pressure is to realize that our aim should be to avoid these secondary changes, these changes to the heart and to the vessels of the brain, as much as possible; and as the statistics have shown that the usual cause of death in these cases is myocardial insufficiency, our treatment should be to protect the heart in every possible way. [Applause.]

## **\*SURGICAL STRATEGY AS AN ADJUNCT TO LOCAL ANESTHESIA IN ABDOMINAL SURGERY.**

By ROBERT EMMETT FARR, M. D., Minneapolis, Minn.

Going over the literature one is struck with the marked contrast in the reports of the different observers concerning *intraperitoneal pain sense*. I believe that much of the difference of opinion is due to the fact that the findings are far from constant in different individuals and vary even under similar conditions and greatly under a variety of conditions. The various forms of peritonitis and the general condition of the patient influences the findings. It is generally taught that the parietal peritoneum is sensitive and that the viscera are devoid of pain sense in the absence of traction upon the mesentery. My observation shows that this is not entirely true. Traction upon the intestines even without traction upon the mesentery may cause pain; heat applied to the exposed intestine will produce cramps, which are described as gas pains.

I have had a young man of excellent poise and intelligence state that the introduction of the needle through the wall of his intestine was painful, and a careful test showed that he could feel the needle pass through his intestinal wall even though his eyes were covered and an effort made to deceive him. Traction upon the mesentery was here carefully excluded. The parietal peritoneum in the absence of inflammation is insensitive to light touch or even to scratching. However, pinching and traction are disagreeable. In disease this structure is sensitive even to light pressure. This is especially true of certain areas, as, for instance, the cul-de-sac. The results of observation will also vary with the manner in which experiments are made. A brisk, quick action will cause complaint when the same act stealthily performed may be readily tolerated. One observer states that the meso-appendix may be clamped without pain and backs up his opinion by observations upon a series of fifty cases, while another finds that this structure is always sensitive, especially in acute appendicitis. The facts are that the sharp application of a hemostat to the meso-appendix will elicit a complaint from the conscious patient who had not had preliminary medication, unless cocain has been used. (Some authors state that cocain acts as a general analgesic but I have had no experience with it.) However, if one slowly and carefully applies the clamps the patient may not remonstrate. Many factors must be considered in making this simple observation. Whereas, as a rule, the patient who is undergoing an operation under local anesthesia is ready to complain at the slightest

\*Read before the Cumberland County Medical Association at the December meeting, 1922.

opportunity, and may even complain when not being hurt—with the hope, possibly, of making the surgeon more cautious—we must not forget that he may have been compelled to suffer so much during the procedure of delivering the appendix that by comparison the clamping of the meso-appendix may not bring forth a complaint. In no other manner can an observation of this kind, which is so at variance with my own experience, be explained. Thus I have frequently found that a strong clamp may be placed upon the meso-appendix, provided it is forced down very slowly, with only slight complaint on the part of the patient. It is known that the base of the appendix may be clamped with no pain sense after the meso-appendix has been blocked or divided. The ovarian pedicle, the cystic duct, and even the fundus of the uterus are tender and cannot be attacked without causing pain, although the latter may be found to be almost insensitive in some cases. The large vessels in the mesentery are sensitive and even those in the omentum, if clamped close to their origin, may show pain sense. There is, therefore, an opportunity to perform operations upon most of the pelvic viscera when the above-mentioned areas can be blocked before the operative procedure is begun. Pathologic conditions which cannot be handled without traction upon the mesentery, meso-appendix or posterior abdominal wall may not lend themselves to this form of anesthesia. Here, again, however, we have a good illustration of the difference between careful and rough handling of the tissues. A perfect exposure with a perfect negative pressure may, and often does, give one the opportunity to see the retaining bands which anchor the tissues to the posterior abdominal wall with the aid of only slight traction while the bands are cut with knife or scissors and the parts liberated. A good exposure will give one the opportunity of reinforcing the anesthesia. When the necessity for traction can be anticipated the tissues upon which the traction is to be made should be blocked at their points of origin from the abdominal wall. We have in a number of instances removed adherent pus tubes by following this plan. Masses which appear to be very adherent and resistant will be found to shell out easily at times after cutting the “key” bands under direct vision. The important point is to locate the lines of cleavage with as slight an amount of traction as possible and to clip the retaining bands as they appear.

Our experience does not coincide *in toto* with that of Professor Braun, and others, who believe that abdominal surgery can be carried out only upon individuals in whom complete relaxation of the abdominal wall is obtained, although this factor is of great importance.

One of the most surprising of our experiences was the realization of the extent to which abdominal explorations might be carried out

under simple infiltration of the abdominal wall with its resultant relaxation of the parietes, combined with vertical retraction, negative intraabdominal pressure and the utilization of the force of gravity which may be obtained by tilting the operating table. For exploration of the upper abdomen, and operations in this region, we employ the reversed Trendelenburg position. The lateral aspects of the abdomen are best exposed by tilting to the right or left, as the case may be. It is not uncommon, when complete relaxation is obtained, to find that the force of gravity carries all the small intestines into the lateral half of the abdomen. This gives one a most excellent opportunity to apply anterior splanchnic anesthesia in the mesentery or in the retroperitoneal space. We have almost without exception carried out all of our intestinal resections, even those of the large bowel, under this technic. We would advocate tilting in the performance of surgery in the upper or lateral aspects of the abdomen and believe that it has as great advantages as has the Trendelenburg position, which is its analogue when doing pelvic surgery.

#### RETRACTION.

In abdominal work good *exposure* is a *sine qua non* to success. It is to be hoped that the day of finger retraction is soon to pass. It is incompatible with asepsis, and the desired result can be much more easily attained by the use of proper retractors, which will take up less room, and, as a rule, do the work much more satisfactorily. Harsh retraction will produce much the same effect as inefficient anesthesia. I have known of instances in which an otherwise ideal local anesthesia was converted into a failure, and general anesthesia found necessary, because a careless assistant allowed the abdominal wall to slip from a retractor, thus causing a contraction of the abdominal muscles and an expulsive effort, resulting in the extrusion of a large mass of intestinal coils. The most important point about retraction, when working under local anesthesia, is that it be steady; that is, continuous and not intermittent or jerky. "Stealthy" is the word which best describes the manner of doing our work most satisfactorily under local anesthesia. Retraction should be symmetrical, if possible; that is, equal on the opposite sides of the wound, especially if continued for a long time. Forceful retraction, if made slowly, carefully and methodically, is not usually objected to.

#### DIRECTION, SITE AND CHOICE OF INCISIONS.

While local anesthesia does not contraindicate the use of any particular incision, its use demands an adequate exposure of the pa-



thology present, and when operating under its influence great advantages may be gained from a proper selection of the abdominal incision. In our experience the transverse or "L" incision has given the most excellent exposure when working in the upper abdomen, and we have used it almost exclusively since 1910. With proper equipment one may anesthetize and enlarge any abdominal incision at the rate of about one inch per minute. Therefore, we do not hesitate to enlarge our incision in any direction when unexpected pathology is encountered, or when other conditions arise which make this procedure seem advisable. The realization of the ease with which this may be done effectually eliminates the necessity for making the original infiltration far beyond the limits of the regular incision and meets the criticism that other pathology cannot be reached.

When making abdominal incisions it is desirable in many instances to avoid pressure upon the underlying structures. Acute cases, nervous people or children demand that the abdominal wall be lifted while incising. The skin may be grasped with towel pins and after its division and the nicking of the fascia this structure may also be elevated. Likewise the peritoneum may be gently retracted and when opened the abdominal wall may be elevated by placing a retractor beneath its surface. This demands the careful anesthetization of the peritoneum to a point some distance away from the incision. We do not hesitate to reinforce the anesthesia by introducing the needle subperitoneally after the abdomen is opened for the purpose of injecting the solution.

#### MUSCULAR RELAXATION.

##### THE PSYCHO-ANESTHETIST.

While the abdomen is being opened much may be done to bring about the ideal condition of complete muscular relaxation which is so essential for successful intraabdominal surgery. An adjunct of vital importance is the psycho-anesthetist, who sits at the patient's head during the operation, looks after his comfort and records the blood pressure, pulse and respiration. Tactful co-operation on the part of this individual will be found of great assistance. In addition to her other duties her efforts should be directed especially towards aiding in securing relaxation. This individual should be well trained in the administration of general anesthesia, and, therefore, prepared to change to mixed anesthesia should this seem advisable.

Again I wish to state emphatically that complete muscular relaxation must always be the goal towards which we should strive if we are to attain the greatest success in this work. The tension which is always present when a patient winces and struggles under the



manipulation of the surgeon prevents the complete abdominal relaxation so necessary for the proper performance of any abdominal operation. The surgeon must realize, when attempting laparotomies under local anesthesia, that success can be obtained only by the use of a technic which permits of relaxation. The author contends that such relaxation may be obtained in most cases, and perhaps in all, provided one's technic is sufficiently good. For those who are not able to obtain this relaxation in a reasonable percentage of cases, abdominal surgery under local anesthesia will continue to be a Herculean task, and, as a consequence, they will quite probably continue to condemn the method in the future as they have in the past. It is hoped that a more universal realization of the facts will change the attitude of that large percentage of surgeons who maintain that only certain classes of cases should be operated under local anesthesia, and will convince them that almost all classes of cases can be operated upon successfully by this method and that this is being done daily by those who are accomplished in this art.

As a rule, when the abdomen of an apprehensive patient is uncovered upon the operating table, the tension under which he is laboring will be plainly manifest. The abdominal muscles, instead of being relaxed, will be tense and rigid and the normal depressions which show when a patient is at rest will be absent. This is most plainly seen when the Trendelenburg position is assumed. Here the relaxed individual will present a depression in both ilian fossæ. The pubes and anterior superior spines will be prominent and the upper abdomen will bulge forward, as it will contain most of the viscera. In the tense patient this condition does not obtain. The recti are contracted and stand out as ridges on either side of the midline. Contraction of the lateral groups obliterates the depressions normally found below the naval, and it is evident that the viscera have not gravitated to the more dependent portions of the abdomen. Now, unless this condition can be overcome by the introduction of the anesthetic with the aid of suggestions and instructions from the psycho-anesthetist, who coaches the patient in regard to his manner of breathing and the avoidance of straining, grunting, coughing, or laughing, general anesthesia had better be administered before the peritoneum is finally opened. Few operations can be performed with complete anesthesia. Certainly under such conditions none can be performed painlessly, and a painful operation is neither fair to the patient nor to the method and should not be performed.

#### THE EXAMINATION OF THE ABDOMINAL ORGANS.

The comparative ease with which the abdominal organs may be examined under conditions of complete relaxation, as contrasted with

the difficulty encountered in making such an examination under the conditions usually seen when watching abdominal operations, may be brought out by the illustration of the inspection of a herd of live stock under varying conditions. Under ideal conditions we would open the barnyard gate and look over a herd of live stock resting peacefully within the enclosure. The condition of each would be noted, even though an occasional one might need to be turned around in order to obtain a better view. If, on the other hand, when the gate is opened the whole herd, or a goodly portion of it, rushes headlong into the gateway and must be forcibly restrained, the inspection cannot be detailed or satisfactory. This comparison, though a homely one, is nevertheless not greatly overdrawn.

The superiority of visual over digital examination I have discussed elsewhere, and nowhere does it apply more aptly than in abdominal surgery. Though much valuable information may be gained by palpation, inspection is and will always remain the great purveyor of the facts concerning the actual conditions present. Unfortunately there is a class of cases in which a negative intraabdominal pressure cannot be obtained, regardless of the form of anesthesia used, and here we must depend to a large extent upon other senses than that of sight. A discussion of the mode of procedure in case a proper exposition of the internal organs cannot be brought about, might be worth while.

One has at his command immediate resort to general anesthesia, or the use of some form of surgical strategy, in order to meet the demands. During recent years we have not hesitated to allow more or less evisceration in order to obtain exposure in certain cases. For instance, in the performance of an intraabdominal retropey, combined with the removal of a fairly large subperitoneal uterine fibroma, in an individual who was afflicted with marked ptosis and a greatly deformed spine, we found all of the abdominal viscera present in the pelvis when the abdomen was opened. In this case there was practically no space in the upper abdomen for the viscera. Warm, moist sponges were laid upon the abdomen, the whole mass of intestines, stomach, and a portion of the liver were allowed to protrude without restraint. They were then carefully protected by moist, warm pads while the pelvic operations were completed. With ample incision and the avoidance of traction one may follow this procedure with considerable success. This strategy may also be necessitated by the inadvertent evisceration of the abdominal contents due to vomiting, sneezing, coughing, or, in children, by crying. In a certain percentage of cases of this variety we have met the emergency by the adoption of the above plan and avoided the necessity of giving general anesthesia.

## VISCERO-PARIETAL ADHESIONS.

Viscero-parietal adhesions are usually considered somewhat difficult to handle under the use of local anesthesia, and indeed are usually considered sufficient to contraindicate its use. Nothing could be further from the facts if we are to take our own experience as a criterion. The adhesive bands themselves are without sensation, and provided the abdomen is opened without pain, with perfect relaxation, under a negative intraabdominal pressure, and its wall lifted vertically as the peritoneum is opened, the adhesions will be visualized exactly as at autopsy, and may be cut upon the "white line" where they join the parietal peritoneum. As traction upon the parietal peritoneum causes pain the vertical retraction of the abdominal wall should be carefully graduated. The weight of the piece of intestine or other viscus which may be suspended from the abdominal wall may be sufficient to cause the patient discomfort. However, if one lifts the abdominal wall to a slight degree only the adhesions may be visualized and the anesthetic introduced into the pro-peritoneal fat by introducing the needle through the abdominal wall or from the peritoneal side.

Viscero-visceral adhesions may be divided without the use of intraperitoneal anesthesia. The only requisite is the avoidance of traction upon the posterior parietal peritoneum, and even this structure tolerates sufficient traction to allow one to identify the retaining bands, which may then be divided with a knife or scissors.

In conclusion, let me reiterate that *exposure* and the *absence of expulsive effort* are the *prime essentials* in meeting the *surgical demands* in this class of cases. The abolition of the abdominal reflexes, vertical retraction, tilting of the table combined with a negative intraabdominal pressure, the co-operation of the patient, which is best obtained by the solicitous care of this individual from the time he presents himself for treatment, combined with the utilization of the skill and tact of a well-trained psycho-anesthetist, will make it possible to perform with satisfaction a large percentage of abdominal surgery under local anesthesia.

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### \* THE MAINE PUBLIC HEALTH ASSOCIATION.

#### **What It Is, What It Does, and a Few Words About Its Hopes for Maine.**

By WALTER D. THURBER, Executive Secretary Maine Public Health Association.

The slogan of the Maine Public Health Association is, "Keep Well."

Our work is preventive medicine. We believe that "An ounce of prevention is better than a pound of cure."

Our name correctly describes us. We are an association of Maine men and women banded together for the purpose of improving the state of the public health in Maine. We are incorporated. We work on the budget system. We chart our work for a reasonable distance ahead. We try to profit by the past and to build systematically and soundly for the future.

In the beginning our organization was known as The Maine Anti-Tuberculosis Association. This parent was a worthy one. He has a long record of constructive service for Maine. Three years ago the forward-looking men and women of the Maine Anti-Tuberculosis Association saw that the time had come for a broadening of the work. Certain movements were under way for the organization of a number of state-wide volunteer health agencies, each one dealing in some specific phase of health work. Such organizations, of course, were to be financed by the people of Maine, and to a considerable extent each would have developed independent programs, many of which undoubtedly have overlapped, thus making for duplication of effort and of expense. So the Maine Public Health Association was formed, and to meet the growing need for certain forms of so-called specialized health work—which in other states has taken the form of separate organizations—the Maine Public Health Association created within itself a number of divisions. Each of these divisions develops health work along its particular line, but all the divisions function as a component part of the general organization. A single Board of Directors determines one general policy. A single Executive Committee is immediately in touch with the program and a single executive office develops the work in the office and the field.

In 1920 it was thought wise to chart our road for the coming three years. This chart was prepared after weeks of study and many conferences with Maine leaders in all walks of life. The thought in the

\* Delivered at a meeting of Maine Commercial Organization Secretaries, Waterville, Friday, December 1, 1922.

minds of all those who helped make the chart was "Make it simple, make it practical, make it economical, and make it elastic enough to apply in its general phases to the diversified interests and needs of Maine's numerous communities." For want of a better name this "chart" has become known as "The Health Plan for Maine."

Who built the "Plan"? The "Plan" was built, studied, rebuilt and finally endorsed and adopted by representatives of the Associated Industries of Maine, The Maine State Grange, the Maine State Federation of Labor, the Maine Medical Association, the Maine State Department of Health, the Maine State Federation of Women's Clubs, the Maine Department of the American Legion, the Maine State Chamber of Commerce, the Maine State Department of Education and other thoroughly representative Maine organizations. In addition to these, every step in the building of the Plan was discussed with leading newspaper men, bankers, lawyers, nurses, merchants and public officials.

What is the "Plan"? The details of the "Plan" are numerous, but here are some of the essentials:

(1) The formation in every community in Maine of a local health society or committee, whose purpose shall be to develop within every individual in the community a sense of individual and community health and how it may be conserved. Such local health societies and committees will closely co-operate with local health authorities, will be guided in their medical policies by the recognized organization of the medical profession, and will at all times work for the advancement of their home community and the state.

(2) The establishment of public health nursing in every county and in every local community of 5,000 or more population.

(3) The teaching and the development of health habits to all the children in Maine of school age.

(4) A series of health lectures before every grange, every woman's club, in every church, before commercial and other organizations of every sort.

(5) Placing in the hands of every prospective mother who may need such service, simple and practical information on infant care, so that Maine's needlessly high mortality among children may be reduced.

(6) The holding of a series of clinics for Maine physicians. In reality these clinics not only give actual demonstration of early diagnosis and treatment of many diseases, but they also include a series of post-graduate lectures by national and international medical and scientific experts.

(7) Cultivate in the minds of all our people a sense of the importance of regular medical and dental health examinations, so that



preventable diseases may be checked at their inception and early correction made of defects and conditions which mar physical and mental health.

(8) A continuation of the state-wide campaign of education on the prevention of tuberculosis.

(9) A state-wide campaign for the control of cancer.

(10) A state-wide campaign on the conservation of vision. This campaign takes three distinct angles: (a) Prevention of blindness in the new-born; (b) correction of eye defects in children and (c) prevention of eye accidents, particularly in factories.

(11) A state-wide campaign on the importance of healthy teeth.

(12) Assistance in the state-wide campaign against social diseases.

(13) A campaign for a better understanding of mental diseases.

(14) Development of additional open air school facilities in Maine.

(15) Stimulation of local interest in the need for full-time local health officers.

How does the "Plan" function? The "Plan" functions in three rather distinct ways. Right here it might be well to state that one of the accepted policies by which the "Plan" is governed is close co-operation with and assistance to the constituted health authorities of Maine, both state and local. In no instance is there a duplication of work that already is being well done. Another of our governing policies provides for close co-operation with the medical profession. A committee from the Maine Medical Association passes upon all the medical phases of our work.

The "Health Plan" functions:

(1) The following Maine Public Health Association divisions develop certain specific elements in the general campaign.

(a) The Tuberculosis Division, headed by Dr. Francis J. Welch.

(b) The Cancer Division, headed by Dr. E. H. Risley.

(c) The Dental Hygiene Division, headed by Dr. Archer Jordan.

(d) The Eye Division, headed by Dr. S. Judd Beach.

(e) The Public Health Nursing and Child Welfare Division, under the supervision of Miss Edith L. Soule, R. N.

(f) The Mental Hygiene Division, headed by Dr. Forrest C. Tyson.

(g) The Social Hygiene Division, headed by Dr. Harrison Hunt.

(h) The Modern Health Crusade Division, headed by Miss Winifred Taylor.

(2) Our numerous local and county societies and committees

which develop intensive local application of such phases of "The Health Plan" as are needed in their respective committees.

(3) While the executive office of the Maine Public Health Association directly carries on the programs of the several divisions of the state association and serves as a clearing-house and state headquarters for the local societies and committees, it carries in addition such general state-wide activities as

(a) The Modern Helath Crusade, which already has enrolled 35,000 boys and girls in Maine's public schools for the performance of daily health preserving "chores."

(b) A state-wide lecture service on all sorts of health subjects.

(c) Arrangements for the series of clinics for Maine physicians.

(d) State-wide publicity service.

(e) The organization of local health societies and various forms of service to such organizations after they are established.

(f) The distribution of health literature, the arranging of health exhibits, the use of health moving pictures and similar health educational work.

(g) Obtains the co-operation of other state-wide organizations, such as Chambers of Commerce, The State Grange, the State Federation of Clubs, and helps to extend this co-operation to the various local communities by the local groups of such organizations.

(h) Capitalizes, for the benefit of Maine, the affiliation which the Maine Public Health Association has with such national organizations as the National Tuberculosis Association, the National Society for the Control of Cancer, the National Committee on the Prevention of Blindness, the American Public Health Association, the National Health Council, the American Child Hygiene Association and similar national bodies.

What has been accomplished?

Substantial progress has been made toward our goal, "Maine the Healthiest State."

The first year of the "Plan" provided for two clinics for Maine physicians. Both have been held. Doctors from every county in Maine have attended.

The development of local health societies and committees has proceeded until now we have societies organized or in process of organization in every Maine county except one, and this county will be developed as soon as practicable.

Fresh air schools have been established in Portland and Bangor, and steps have been taken leading to the establishment of such schools in other centers of population.

The campaign against tuberculosis is being continued and the death rate from this preventable disease is steadily decreasing. The past year showed the lowest death rate from tuberculosis in Maine's history. The rate for Maine was 81.9 per 100,000 population, while the rate for the entire United States was 91.1. There were 663 deaths from this disease in Maine last year as compared with 1,513 in 1892.

The need for public health nurses is being pointed out, and once the public understands the need it is ready to meet it. Just one instance of this might be cited in York County. A little more than a year ago the York County Public Health Association put on a nurse. Three are now engaged in the work.

35,000 Maine boys and girls are now enrolled in the Modern Health Crusade. For two years in succession Maine has been the only New England State to win honors in this great National Health Tournament, in which more than 6,000,000 school children take part. In 1920, one Maine school qualified for a national pennant. In 1921, six Maine schools qualified. This work has appealed so strongly to the Maine State Department of Education that the Crusade is now included in the course of study in physical education. The Maine Public Health Association, however, employs the Crusade Director, who organizes the work and helps the school superintendents, teachers and pupils to carry it on. All the supplies for the Crusade are handled through our office.

The campaign against cancer is being pushed with unceasing vigor. During the past year upwards of 2,000 Maine audiences have been given first-hand and authentic information on how to bring this disease under control. As a result of this work it seems now that the steady progress which cancer has been making in Maine has been checked. Climbing steadily in its appalling—and for the most part needless—toll of lives in Maine, until 938 deaths were reported in 1920, the number for 1921 shows a slight reduction—914.

The teaching of the importance of dental hygiene to both children and adults has greatly increased in scope during the past year. Dental clinics have been established in Waterville, Augusta, Orono and elsewhere. Literature, lectures and moving pictures have helped spread the message.

The campaign for the conservation of vision is going on in the schools, in the parent-teacher associations, in the factories and in the Maine Normal Schools.

The year 1921 showed a slight decrease in the number of deaths of infants under one year of age—1,576 as compared with 1,798 during 1920.

These few figures, incomplete as they are, showing as they do that

Maine is making progress, also show the great need for continued work. Thousands of Maine lives are still being needlessly lost each year through the failure to observe the simple rules of good health. What has been accomplished proves that we are on the right track. But we need to stay on the track, and the terminal is a long ways ahead.

Business men in Maine and throughout America are day by day having a keener realization that "The biggest business before the business man of today is the business of public health." No community, no business, no home, can prosper nor can it progress without health. The business men of Maine are approving their interest in Maine by making contributions to the Maine Public Health Association, ranging from \$100 to \$1,000. At this point it might be well to say also that scores of granges, women's clubs and individuals have during the past years become so thoroughly convinced of the need for this work that they are helping to finance it. The principal factor, however, in financing the work of the Maine Public Health Association and its local societies and committees is the cheery little Christmas seal and its "big brother," the Health Bond, which go on sale today all over Maine and throughout the nation for the sixteenth consecutive year.

In closing, let me remind you that health educational work, which has been carried on by the Maine Public Health Association and similar organizations throughout the Nation has, during the past twenty years, increased the span of the average life five and one-tenth years. What does this mean? It means for America—its 110,000,000 population—an extension of life amounting to 550,000,000 years. And estimating that the average producing power of the people of America at only \$1,000 a year—certainly it is more than this—the dollars and cents value of health work, of preventive medicine, that already has been accomplished is \$550,000,000,000, five hundred and fifty BILLION dollars.. To this, of course, must be added the incalculable amount of human misery and unhappiness that has been PREVENTED.

This fight must go on. Preventable sickness and unhappiness must be eliminated. Maine should be "the healthiest state," and it SHALL be with YOUR help.

## JOURNAL OF MAINE MEDICAL ASSOCIATION

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## MEETING OF THE STATE SECRETARIES.

The second meeting of the state Secretaries, together with the Councilors and other state officers, was held in Portland, January 16, 1923.

The following committees submitted reports, namely, the Legislative Committee, Program Committee, Committee on Outside Relations. After liberal discussion of legislative matters it was deemed advisable to leave everything in the hands of the Legislative Committee.

The Program Committee's report was a very pleasant one and speaks extremely well for the meeting to be held in Houlton next June. There will be eight Maine speakers and five or six New Brunswick speakers. There will be a banquet given by the Aroostook County Association on the first night, while on the next a Brunswick Medical Society entertains, and to those who can remain over a third day there will be an additional motor trip, showing the points of interest in Aroostook County and possibly across the line.

A week's vacation trip to take in this meeting is certainly an excellent idea for anyone who has never been to Aroostook County and New Brunswick.

The Committee on Outside Relations is still struggling with the problem of how to supply physicians in communities where there is no medical man available.

The question of organizing the New England Medical Association to be affiliated with the Maine Medical Association was discussed at some length, and the final conclusion was favorable to this project if its meetings were to be in the form of post-graduate courses rather than of the ordinary medical meetings.



## OUR HEALTH PROGRAM.

The plan as outlined elsewhere in this issue by the Maine Public Health Association through its Secretaey, Mr. Thurber, should interest every member of the Maine Medical Association. Maine has taken the lead of all other states in a well organized movement towards securing better health for citizens.

The Three Year Plan is purely educational and should not be confused with the State Health Department or other public activities. Its principal aim is to interest the people to the point that they themselves will want to know the proper way to secure healthy conditions for the children as well as for themselves. It is up to the medical profession to co-operate with the Public Health Association in the way of responding to invitations to give lectures, public health demonstrations and clinics.

---

## *County News and Notes.*

---

### ANDROSCOGGIN.

#### ANDROSCOGGIN COUNTY MEDICAL SOCIETY.

The regular meeting of the Androscoggin County Medical Society was held at Hotel DeWitt, Lewiston, Me., December 12, 1922.

The meeting called to order by the President, Dr. J. Sturgis.

The matter of financing speakers from outside to address the Association every month was taken up.

Dr. Andrews, seconded by Dr. Plummer, moved that each member be assessed \$1.00 every time an outside speaker is secured, in order to defray his expenses.

Dr. Gerrish, of Lisbon, spoke of establishing a publicity bureau that would meet with the approval of the Maine Medical Association.

Dr. Goodwin moved that a committee of three be appointed by the President, to act in conjunction with the Maine Medical Society, in regard to publicity. The President appointed to act on that committee: Drs. Gerrish, Goodwin and Randall.

Dr. Webber moved that the same officers be appointed for the coming year and that Dr. Pierce cast a ballot for the appointment of the same officers.

President—Dr. J. Sturgis.

Vice President—Dr. R. A. Goodwin.

Secretary—Dr. L. J. Dumont.

Board of Censors—Dr. Chaffers for two years; Dr. Barrell for three years; Dr. Fitzmaurice for three years.

Delegates—Dr. L. P. Gerrish for two years; Dr. W. E. Webber for two years.

Dr. H. Garcelon moved that, owing to the importance of safeguarding the health of the community, the Board of Mayor and Aldermen and the Health Commissioner be urged to appoint a physician for Health Officer, and, taking in consideration the good work done by the actual Health Officer, that he be retained.

This was voted upon unanimously, and a committee, consisting of Drs. H. Garcelon, R. N. Randall and J. Sturgis, was appointed to prepare written notices to be sent to the Health Commissioner and to the Board of Mayor and Aldermen.

Dr. E. N. Giguere was admitted member of the Society.

Voted to adjourn.

There were present: Drs. J. Sturgis, Andrews, Fitzmaurice, E. V. Call, Gerrish, L. Hall, J. J. Pelletier, Chaffers, Goodwin, Burr, Lee, H. Garcelon, Randall, Plummer, Desaulniers, O'Connell, Fahey, Marston, Pierce, Buker, Webber, Leathers, Higgins and Dumont.

L. J. DUMONT, M. D.

*Secretary.*

---

## KENNEBEC.

### KENNEBEC COUNTY MEDICAL ASSOCIATION.

The annual meeting of the Kennebec County Medical Association was held at the Augusta Y. M. C. A., Thursday evening, Dec. 28, 1922.

Dr. J. E. Odiorne, of Cooper's Mills, and Dr. F. J. Patton, of Winthrop, were elected to membership, the latter having been transferred from the Sagadahoc County Medical Association.

Resolutions on the death of Dr. J. D. Nutting were read. Dr. Nutting was President of this Society in 1871.

The following officers were elected:

President—Dr. Ralph L. Reynolds, Waterville.

Vice-President—Dr. Silas O. Clason, Gardiner.

Secretary and Treasurer—Dr. Herbert W. Hall, Augusta.

Censor for three years—Dr. O. C. S. Davies, Augusta.

Delegate for three years—Dr. John S. Milliken, Readfield; Alternate, Dr. Arthur W. Strout, Gardiner.

Dr. B. L. Bryant, Secretary of the Maine Medical Association, was present and gave a very enlightening talk on matters pertaining to public health, and the need of a county committee on public relations. It was voted that the newly elected President appoint such a committee.

Dr. Walter E. Tobie, of Portland, read a very practical and interesting paper on "The Surgical Treatment of Chronic Stomach Trouble," and Dr. C. F. Kendall, State Commissioner of Health, presented a paper on Public Health. He discussed many important matters.

A vote of thanks was extended to Drs. Tobie and Kendall for their very interesting papers.

HERBERT W. HALL,  
*Secretary.*

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The clinic is for diagnosis only and is maintained for charity cases. It has been most successful to date and much has been done along the line of early diagnosis, which is the chief essential in the campaign against cancer. Several patients, badly frightened by non-malignant conditions, have been reassured and properly advised.

The medical profession is urged to refer worthy cases to the clinic for diagnosis. It is hoped that at some time the clinic may be able to offer treatment as well.

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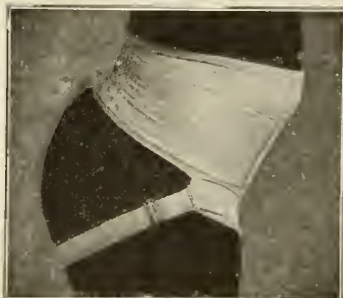
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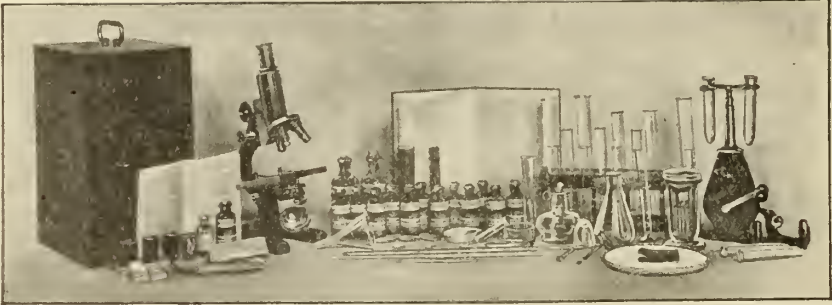
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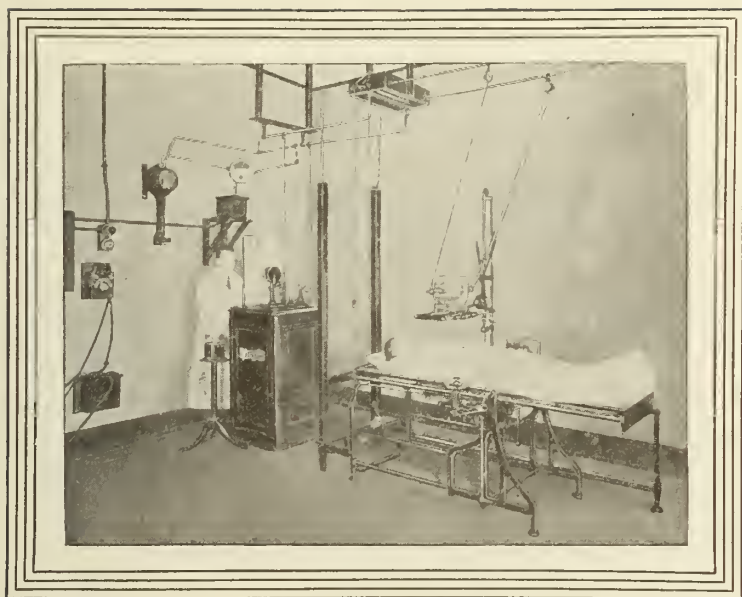
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FEBRUARY, 1923.

No. 7

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### LOUIS PASTEUR.

By THOMAS J. BURRAGE, M. D.

The centenary of Louis Pasteur, one of the foremost scientists of all time, is at hand, and it is highly fitting that the medical profession, which has benefited so largely by his epoch-making discoveries in the realm of bacteriology, should pause for a moment and review the life and letters of that wonderful character.

How little the "accident of birth" and early environment may influence the career of an individual is clearly illustrated in the life of Louis Pasteur. Born of humble parentage and in lowly surroundings, by his own energy and devotion to duty he slowly but surely rose through the ranks of scientific investigators until he became the foremost figure of his day.

Subjected at all times and upon all sides to opposition and bitter criticism on the part of his brother scientists, he met them with such vigor and with such a wealth of proof that his triumph was complete. A man of exemplary life and devoted to his family, he thrice suffered the shock of bereavement in the death of his children. Not only that, but at the age of forty-six, stricken with a cerebral hemorrhage and left-sided hemiplegia, he nevertheless continued his arduous and more or less tempestuous career for twenty-seven years longer, and lived to see his theories of germ life and disease accepted by the entire civilized world. We do well, then, to pause and to review for the moment the life of that triumphant worker who put all obstacles under his feet.

Louis Pasteur was born December 27, 1822, in the little town of Dôle in the Jura, of lowly parentage, his father having been a sergeant in the French army at one time, and later a tanner by trade. Although his parents were of humble stock, they were nevertheless people of high motives and principles, and watched over their offspring with peculiar care and tenderness. His early education was in the common schools of this small community, but when the family moved to the neighboring town of Arbois, he attended Arbois College, really a secondary school, where he was ranked as an average student.

During these early years he formed an acquaintance of much value with two men who helped to shape his early thoughts, the first, M. Dumont, an old army surgeon who was attached to the Arbois Hospital, and the other, M. Romanet, head master of Arbois College, who really discovered the spark of genius, which was not demonstrated in his class work.

In 1838, at the age of sixteen, he went to Paris with a young friend to enter the "École Normale," but on account of mutual homesickness on his part and on that of his father, he returned to Arbois, where he re-entered the College. At the end of the year it was decided that the young Pasteur should pursue his further studies at Besancon College, located not far distant, where he did excellent work and was given a teaching position. In a letter to his sisters, written at this period, the following quotation shows the depth of his youthful mind: "These three things, will, work, success, fill human existence. Will opens the door to success, both brilliant and happy; work passes these doors, and, at the end of the journey, success comes to crown one's efforts."

At this time Pasteur was regarded as grave and exceptionally mature, constantly centering his mind on future work in Paris, and preparing himself afresh for the École. In 1842, he came up for his examination before the faculty of Dijon, and passed, though standing fifteenth out of twenty-two candidates. He considered this too low and resolved to try again the next year, in the meantime teaching in a private school in Paris and attending lectures at the Sorbonne. On his second trial he was admitted to the École, fourth on the list, and began at once with great intensity and zeal the pursuit of chemistry, working with Laurent, the great professor of that day, and writing frequent papers containing matters of original research.

For a short time his studies were interrupted by the Revolution of 1848, but he soon returned to his chemical investigations, devoting most of his time to the polarity of crystalline chemicals, especially the tartaric acid group. His results began to attract the public attention of scien-

tists in Paris, and he was fortunate in having his work confirmed by no less a man than Biot, one of his own teachers.

At this time Pasteur was made Professor of Physics at Dijon, being recognized as a most distinguished young scientist. Here his time was occupied entirely in teaching, but, finding that he could not pursue his former investigations, he determined to return to Paris as a curator. Chemistry at Strassburg, which position gave him a wonderful opportunity both to teach and to continue his researches in pleasant and favorable surroundings. Here he was happily married to the daughter of M. Laurent, one of his former teachers, a marriage full of domestic happiness and productive of great benefit in his scientific researches.

In 1851, Pasteur came to Paris on one of his annual pilgrimages, bringing to the Academy the results of his further studies on acids and crystals, and shortly after made a visit to various cities in France, Germany, Italy and Austria, for the purpose of examining various tartars there manufactured. As a result of his prolonged studies, he finally isolated four separate tartaric acids, differentiated by their polarity.

On January 3, 1853, the Académie, after discussing for an entire day Pasteur's achievements in chemistry, conferred upon him the badge of the Legion of Honor, in recognition of his high attainments. At that time he was but thirty-one years of age, thus making him one of the youngest Frenchmen to attain this great distinction.

From the University of Strassburg he was called, in 1854, to Lille, where he was appointed Professor and Dean of the Faculty of Sciences, and achieved great prominence and success in his public lectures and demonstrations in Chemistry. It was here that he began his studies on lactic and alcoholic fermentation, which later led to the development of the so-called "germ theory." At this time, fermentation, which was looked upon as something dark, obscure and mysterious, was supposed to be due to contact, according to the theory of Berzelius and Liebig, and the dead portion of the yeast, being altered, was what acted on the sugar to produce it. In the parlance of the day it was spontaneous generation which produced fermentation.

Though highly recommended to the Académie he failed of election to that body, but this disappointment was somewhat offset by his transfer to the École Normale in Paris, where he became an administrator. Owing to lack of room, he was obliged to install his laboratories in two attics, under the roof of the École, doing all the work himself, as no assistants were granted him. Here he continued his researches on microbic bodies, and in 1860 won a prize for experimental physiology from the Academy of Science. His theories produced great discussion

and much opposition. Even Biot advised him to give up what he called "hopeless researches."

Transferring his laboratory from the attic to a small building nearby, he began a microscopic study of atmospheric air, looking for germs, and during the summer vacation made a trip into the Alps carrying flasks with culture media, which he exposed at various altitudes. His conclusion from these experiments was that "dust suspended in atmospheric air is the exclusive origin and the necessary condition of life in infusions." "What," he said, "would be most desirable would be to push these studies far enough to prepare the road for a serious research into the origin of various diseases." Thus was he already headed for the goal which he would later attain, and although many of his scientist brethren opposed his views, a few were beginning to be impressed by their logic.

In his studies at this time he described bacteria or vibriones "as small cylindric rods with rounded ends which live and multiply indefinitely in suitable media." As a result of his labors in bacteriological research, he was finally, in 1862, elected to the Académie of Sciences, after many previous futile attempts.

Fermentation of wines again attracted his attention, and he demonstrated that alterations in wines depended upon the presence and multiplication of microscopic organisms, whose activity could be inhibited if the wines were heated to 60° C. for a few minutes. Thus was found the secret of preventing the acidifying of wine, which, in certain districts of France, was causing great financial losses.

In 1865, an epidemic was ravaging the cultivation of silkworms in France, and Pasteur was authorized by the government to investigate this condition and to determine, if possible, the cause of this devastation in a very important industry. Two separate diseases were attacking the silkworms, one known as pébrine, and the other called flachery. The former disease first demanded his attention as the more extensive of the two. For some years pébrine had been spreading all over the silkworm growing countries of the world, including Italy, France, Spain, Austria and China, Japan alone being spared. The name pébrine was derived from pepper grain-like appearance of spots which developed on the diseased worms, and which might come suddenly or insidiously. Pasteur submitted these spots, which appeared mostly in chrysalids and moths, to microscopic examination, and clearly demonstrated the presence of what he called "corpuscles" as the microbic cause of the disorder. In order to determine its infectious character he gave healthy worms leaves contaminated with a watery solution containing corpuscles, and in a short time the typical spots of the disease appeared. He



also demonstrated that the healthy worms became infected in two ways, either by direct contact with diseased worms or by the excreta of such worms.

With regard to flachery disease of the silkworm he found that it was an entirely different disorder, due to the presence of bacteria which he called vibriones, and which were found in the intestinal canal of the worms. The disease might be contracted by contact, or passed down by the offspring. The former could be avoided by hygienic precautions and the latter by examining microscopically a small portion of the dejecta of the moth, which, if negative, for microorganisms, proved that the moth was safe for breeding purposes.

In response to a petition to Emperor Napoleon III, requesting more adequate laboratory facilities and equipment, he obtained a grant, only to have building deferred on account of lack of funds. Such treatment called forth from Pasteur a most fiery and scathing criticism of the short-sighted policy of the government, and on this occasion money was forthcoming, and the laboratory completed and equipped.

At this time, when Pasteur was ready to occupy his new quarters and to enter upon his researches with greater activity than ever, on October 19, 1868, while in his forty-sixth year, he suffered a cerebral hemorrhage with resulting left-sided hemiplegia. After hovering between life and death for a week, improvement began slowly, but steadily, and in exactly three months after the paralytic stroke, Pasteur resumed his work again.

In spite of his scientific demonstrations, the French Commission still doubted the accuracy of his results in silkworm diseases, and to absolutely convince them he sent four different packages of silkworm seed. The first of these, he predicted, would remain entirely healthy; the second would perish from pébrine; the third, from flachery, and the fourth, partly from pébrine and partly from flachery. These predictions in due course of time were found to be absolutely correct in every case, and the Commission accepted the proof as perfect.

While these researches were going on, Pasteur's work was again interrupted, this time by the Franco-Prussian War of 1870, which prevented any further productive work until after peace had been signed, and the country had begun to turn its attention to rehabilitation.

At the request of certain French brewers, Pasteur undertook the study of beer, which at that time was suffering from spontaneous alterations and acidifying. Having disproved the theory of spontaneous generation, he felt sure that atmospheric germs were the cause of the noxious ferments, and with this thought in mind he visited many breweries, even crossing to England, where he quickly identified the microorganisms



which were foreign to normal yeast fermentation. As a result of many experiments he enunciated three general principals; (1) that alterations in beer are due to microorganisms foreign to yeast; (2) that these germs are brought to the beer either by the air or by apparatus used in its manufacture, and (3) that beer containing no living germs is unalterable. He proved that bottled beer heated to a temperature of 50°-55°C. escaped the development of fermentation, the application of this process giving rise to the new word "pasteurization."

As a result of his extensive work on beers and wines, Pasteur developed these laws of ferments:—(1), ferments are living beings (2) there is a specific ferment for each kind of fermentation; (3) ferments are not born spontaneously. These laws led him into open clash with Liebig and his followers who looked upon all ferments as a phenomenon of death, and in spite of all his arguments Pasteur failed to convince Liebig of the verity of his claims.

Robert Boyle, an English physicist, writing in the 15th century, stated that "whoever would probe to the bottom of ferments and fermentations would be nearer to explaining the origin of morbid diseases than anybody else." This prediction attracted Pasteur's attention, and urged him to even greater efforts. Many times he regretted that he was not a medical man but merely a chemist, so that his training for the investigation of disease conditions might have been broader. In spite of this fact, he was elected a member of the Academy of Medicine.

Notwithstanding the work of Pasteur and his followers, the germ theory of disease was generally believed to be a heresy, and among the medical profession of the day fatalities in surgery were considered the result of imperfect ventilation of hospital wards. However, some of the more advanced began asking themselves whether or not *they* did not carry death with them, scattering about various poisons. "A pin prick is a door to death," said Velpeau, the great surgeon. But, in general, surgery had retrograded since the beginning of the 19th century, and as evidence of this, mortality from amputations in France in 1868 was over 60%. Nelaton, in despair at sight of the death of nearly every one of his patients, declared that "He who should conquer purulent infection would deserve a golden statue."

In 1873, a French surgeon, by the name of Alphonse Guérin began treating amputations with cotton wool dressings wet with carbolic acid, and obtained remarkable results in lowering the usual high mortality. In 1874, Lister wrote to Pasteur from Edinburgh a letter which cheered him greatly. Lister recited his efforts in antiseptic surgery, which during nine years he had brought to a remarkable state of perfection,

and invited Pasteur to Edinburgh to see how largely mankind had been benefited by his (Pasteur's) labors.

Three years later Pasteur began an investigation of charbon or splenic fever, later known as anthrax, which at that time was devastating the sheep industry. Animals stricken with this dread disease died in a few hours, as also did human beings who contracted it by contact. As far back as 1838, rods had been demonstrated in the blood of anthrax victims, but their true import had escaped detection. In endeavoring to transmit the disease to experimental animals, it was found in certain instances that, although the animals died, no bacteria were found. This curious condition was explained by Koch in 1876, who indentified spores in the bacilli, which, he found, could also cause the disease. Pasteur later confirmed this work and produced anthrax from spores by developing them in suitable media. Thus was established the fact that the anthrax bacillus reproduces itself, not only by division of its rods, but also from spores.

One of Pasteur's opponents declared, after extensive experimentation, that anthrax could not be transmitted experimentally to fowl. At once Pasteur took up this problem, and with wonderful accuity solved it. He found that the reason the fowl was refractory to anthrax was, that its body temperature is several degrees higher than that of any of the animals that are susceptible to the disease. In order, therefore, to lower the temperature of the fowl, he caused her to be immersed in a bath of cold water, when her body temperature dropped several degrees and she became susceptible to anthrax, dying in twenty-four hours.

Pasteur's attention was next requested by obstetricians to a study of puerperal fever, at that time the scourge of all maternity hospitals. Only a few, including Tarnier, who had brought Lister's antisepsis from Edinburgh, were limiting in any way its ravages, and the medical profession was absolutely helpless before this terrible disease. After extensive study in different lying-in hospitals, Pasteur declared, "that micro-organisms are the most frequent cause of infection in newly delivered women," and that "it is the nursing and medical staff who carry the microbe from the infected woman to the healthy." Thus did he early divine the correct cause and transmission of puerperal sepsis, but, unfortunately, his views were strenuously opposed by the medical profession, who persisted in their former beliefs.

In the year 1880, Pasteur directed his attention to another disease common among domesticated animals, namely, chicken cholera, which kills its victims with remarkable rapidity. In this new research he found it very difficult to cultivate the organisms artificially, but finally,

by painstaking care, he developed a culture media from chicken flesh in which they grew abundantly, and were found to be of such virulence that one small drop would promptly kill a chicken. In the midst of his experiments Pasteur discovered that chickens inoculated with old cultures would be taken ill but would recover, and that if they were then inoculated with new cultures the chickens did not succumb to the disease. What had happened to produce this change and reduce the virulence of the organisms? Further investigation proved that it was the presence of oxygen which was the cause of the attenuation of the cultures, which could still be readily grown in their weakened state.

After prolonged experimentation, Pasteur succeeded in developing a vaccine against anthrax in animals. This was done through attenuating cultures of anthrax bacilli, and injecting them into animals in two or more doses at fourteen day intervals, when they were found to be immune against large doses of the most virulent cultures. These assertions of Pasteur stirred up most violent opposition, especially among veterinarians; consequently he decided to refute these skeptics by proof on a wholesale scale. A large number of sheep and some cattle were then publicly twice inoculated with the vaccine at an interval of two weeks. Several days afterward these animals, as well as a large number of unvaccinated controls, were inoculated with virulent anthrax germs. With great anticipation and excitement the result of this experiment was watched by Pasteur, as well as by his enemies. Within forty-eight hours all the unvaccinated animals were dead, whereas the vaccinated were well and remained so. As the result of this successful demonstration Pasteur received a great ovation in the Academy, and later at the International Medical Congress in London.

In the midst of other researches, Pasteur's attention was requested by the French Government to an investigation of the cause and prevention of a disease which had been attacking the grape vines of all the grape-growing countries of Europe. The financial loss resulting from this disease had been enormous, and everywhere scientists had failed to cope with it. After several years of patient investigation, Pasteur finally discovered the cause, which proved to be a fungus growth, and developed a practical means for its extermination. In 1881, he received a reward of \$60,000, from the French Government for his signal services, and the everlasting gratitude of the grape-growing countries of Europe.

Pasteur was now approaching the zenith of his career, and was devoting himself to the experimental study of that disease, the treatment of which was to render him famous the world over. In the year 1884 he directed his attention to the study of saliva from mad dogs,

looking for a possible microbe as the cause of the disease. Here he was disappointed, as also in his search of the blood, and even in the brains of rabid animals. However, Pasteur became convinced that rabies has its real seat in the nervous system, and so long as the virus does not reach the nerve centres, it may sojourn quietly in some other part of the body, thus explaining the length of certain incubation periods. Pasteur demonstrated that material taken from the brains of rabid dogs and injected into other dogs, or rabbits, produced hydrophobia just as readily as saliva. It next occurred to him that if he inoculated the virus directly into the brain of the experimental animal, he could doubtlessly shorten the incubation period. This proved to be the case, and in fourteen days characteristic rabies developed, with its usual fatal termination. By inoculating brain substance from one animal to another, he was able to reduce the incubation period to seven days, when the virus became fixed and could not be enhanced.

He could now predict the exact time of the death of the animal. His next problem was to reduce or attenuate the virus which was then to be used by inoculation to render animals immune to rabies. His method of attenuation was that of desiccation, using the spinal cords of rabbits who had died of rabies. At the end of fourteen days of desiccation the virulence had been completely destroyed, and the inactive cord was then taken, emulsified and injected subcutaneously into dogs. The next day the same process was repeated, except that a cord of thirteen days' desiccation was employed, and this method was continued until the cord of an animal dead of rabies on the same day was used. It was then found that the dog might be bitten by a rabid dog or might suffer injection of the most deadly virus and yet not develop rabies. These results were further fully confirmed by a commission using a large number of dogs. Many scientists now thought that the same treatment could be extended to human beings, but as yet Pasteur was unwilling to proceed without further corroboration. Having secured a suitable enclosure for confining and observing a large number of dogs, he began extensive experiments, first to determine the length of immunity conferred by the preventive inoculation, and second, to prevent, if possible, the development of rabies by inoculations after the dog had been bitten by a rabid animal. It was found that rabies could thus be prevented, provided the inoculations were started sufficiently early.

On July 6, 1885, Pasteur saw a small Alsatian boy of nine enter his laboratory, accompanied by his mother. The boy had been bitten by a rabid dog two days before, and displayed fourteen different lacerated wounds from the teeth of the animal. Here was his great opportunity, but Pasteur would do nothing until he had consulted with



Velpeau, who advised his proceeding with his treatment, as no other was of any value. Inoculations were therefore begun, just as in the case of animals, and were continued daily until the full course had been completed. Although Pasteur had great confidence in his treatment the first trial on a human being was not completed without much mental anguish, and as the experiment advanced he suffered from terrible dreams alternating with persistent insomnia. Is it remarkable that at the completion of the treatment Pasteur was in a state of complete exhaustion and had to seek the country for a much-needed rest? After all the mental anguish, one can easily understand with what joy and thanksgiving he received the glad news that his method had been vindicated in the human being, and that his patient remained perfectly well. The news of this remarkable cure spread like wildfire over Europe, and other cases appeared with such rapidity that Pasteur found himself obliged to hasten the organization of a service for the preventive treatment of rabies in man. In a relatively short time three hundred and fifty persons had received treatment, and of that number only one died, and that case a late one, who did not receive treatment until thirty-seven days after being bitten.

As a result of popular demand, and in honor of the great discoverer of the new treatment, plans were set on foot at once for the foundation of an establishment in Paris to be known as the Pasteur Institute, where cases of rabies in man could receive preventive inoculations. From all parts of France, and also from all countries of Europe as well, subscriptions poured in, poor and rich alike vying with each other to honor the great name of Pasteur, benefactor of mankind.

In 1886, Pasteur, who had suffered much from overwork and anxiety during these trying days, developed symptoms of heart weakness, and he was obliged to stop work and leave Paris for southern France for the winter. Relieved from all pressure, he improved rapidly and was able in the spring to return to his duties.

Early in October, 1887, he suffered a slight apoplexy, with transient loss of speech, from which he recovered, only to be taken a few days later by a more extensive and permanent attack, leaving his voice weak and his speech somewhat difficult. From this condition he rallied and was even able to superintend work on the building of the new Institute.

The occasion of his seventy-second birthday, Dec. 27, 1892, was a memorable one, attended as it was by royalty and distinguished representatives from every land. It was really the crowning day of his long and distinguished career, and enthusiasm for Pasteur knew no bounds. In every civilized country of the world he was regarded as the great benefactor of the human race.



On November 1, 1895, he was seized with a violent attack of uræmia, from which he slowly recovered. Distinguished physicians, laboratory co-workers and members of the Academy watched over him during these anxious weeks with the greatest of solicitude. Never before had such devotion for a man of letters been manifested by his associates. Once more he rallied, and during the following spring he was able to visit the Institute almost daily. In June, however, failing health again manifested itself, but it was not until August that paralysis reappeared and slowly spread, involving particularly his speech, which grew more and more difficult. Finally on Sept. 28, 1895, he passed quietly away, surrounded by his family and faithful laboratory followers.

So entered into his rest Louis Pasteur, one of the greatest scientists of all time, beloved and revered not only by his France but by the whole civilized world. One might say of the fame of Louis Pasteur, it is the light that never fails, for his reputation, unlike that of many men of distinction, whose glory has faded with the passing years, has ever grown and extended, until it shines and will continue to shine, like a beacon light throughout the ages.

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## A RARE SKIN DISEASE, DIAGNOSIS AND TREATMENT OF, AND REPORT OF A CASE.

By ROYCE B. JOSSELYN, M. D., Portland, Me.

The condition to be described is erythrasma, a skin disease caused by a vegetable parasite. It usually appears as furfuraceous patches, reddish brown in color, and located in the axillary, inguinal or genitocrural regions. The principal symptom is itching, and that is usually slight.

Erythrasma is of long duration unless treated, and is slowly progressive. It may begin in small areas, gradually progressing at the periphery, until confluence of several patches takes place, producing large irregular areas. It can easily be differentiated from tinea versicolor by the color and absence of eruption on the chest.

It could hardly be mistaken for *tinea cruris*, although frequently occurring in the same area.

One case, a private patient, presented himself with a reddish-brown furfuraceous area between the thighs and extending on to their inner surfaces and also on the scrotum. The disease had been present for many years, growing larger all the time. The patient complained of itching, which was more pronounced in hot weather when sweating occurred. The area involved and the configuration corresponded to that frequently seen in *tinea cruris*. Treatment consisted of a strong solution of sodium hyposulphite locally, and used for several weeks after last trace of the disease had disappeared. One year later no recurrence could be found.

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**"CAMP ROOSEVELT—BOY BUILDER."**

The Camp Roosevelt Plan for building better boys is so unique, and, withal, is accomplishing such splendid results, that it would be well if other public school institutions would follow the example of the Chicago Board of Education in establishing for its boys a summer encampment. Camp Roosevelt not only takes care of the boy during the long summer vacation period, keeping him off the city streets, away from pool rooms and questionable companions, but it helps to build him physically, mentally and morally. To carry on such an extensive work a well defined program has been mapped out.

The camp is so divided as to permit a choice of three separate courses: The summer schools, which include seventh and eighth grade and complete high school courses; the R. O. T. C. Division, which is chiefly drill and marching and setting-up exercises; and the Junior Camp, for younger lads. The morning lends itself to these individualized programs, but each afternoon sees all boys in camp actively engaged in athletics, swimming or group games, and the evening entertainment provided by the "Y" is planned for the entire camp. In this manner boys may receive training and instruction in those things which they lack, and in addition to deriving this benefit, may enjoy a well-regulated vacation program out in the open, amid wholesome surroundings, and at the end of the summer vacation period they have gained a vacation plus school credits (if they elect the school course), plus training in honesty, self-reliance, four-squareness, and good American citizenship.

This plan for giving boys what they need with what they want was evolved by Major F. L. Beals, U. S. A., Professor of Military Science and Tactics and Supervisor of Physical Education in the

Chicago public high schools. Major Beals' purpose was to have its influence as far-reaching as possible, in order to attract boys from all parts of the country, from the well-to-do home as well as the humbler one, and not to confine it to a local community. Catering to such a large area in itself is a large undertaking, and to make it possible, Major Beals sought and secured the hearty co-operation of the War Department of the U. S. Government, in the use of necessary tentage, cots, mattresses, etc. Because of its philanthropic nature, the American Red Cross furnishes aid in the safeguarding of the camp health and sanitation, in the maintenance of a large, fully-equipped hospital, and in instruction in first aid and Red Cross, offered to all boys in camp. The Y. M. C. A. maintains a hut, and ten secretaries remain on duty during the entire summer to supervise the welfare and morale of the boys, and to assist in athletic instruction. In all, a staff of more than one hundred officers, instructors, scoutmasters, etc., assist Major Beals in making these boys into better boys, or on an average of seven boys to one instructor during each camping period.

The camp is conducted under the auspices of the Chicago public school system, and credits earned in the camp summer school are honored by educators throughout the country on a par with those of other schools in the Chicago school system.

Located for three years in Michigan, the camp was moved last year to its permanent site on Silver Lake, near LaPorte, Indiana, on the grounds of what was formerly a private boarding-school for boys. The many buildings of log and frame construction lend themselves admirably to the comfortable housing of the Roosevelters. Large and ample class rooms, fully equipped shops and laboratories, mess hall, hospital, canteen, club house and barracks buildings are picturesquely grouped. Beyond the hills a large parade ground stretches, the whole enclosed by woods, which afford splendid opportunity for nature study classes. The natural setting is perfect, and the short distance of sixty-five miles from Chicago is an added feature in its favor, especially among the smaller lads away from home for the first time.

The camp is open to boys from all parts of the country who are ten years of age and over, and who have a clean, moral character. For the boy with no other carefully planned summer vacation, no better place could be found than Camp Roosevelt, with its wholesome influences and its good times. The camp headquarters office is at the Board of Education, 460 South State Street, Chicago, where complete information may be obtained. Major Beals is always glad to confer with parents, and offer advice where asked, concerning boy "perplexities," and his advice is of a sound, carefully considered sort which invariably hits the bull's eye.

## *Necrology.*

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### FREDERICK FREMONT SMITH.

Bar Harbor, Washington and southern winter resorts, 1856-1922.

Although Dr. Smith was a regular member of our Association for many years, he was rarely seen at the meetings, and so far as I have been able to discover he did not read any medical paper before our sessions.

He was the son of Aaron and Laura Hiland Smith, of Hillsboro, New Hampshire, and was born there September 13, 1856. He obtained his academic degree from Dartmouth in 1880 and his medical degree at the University of Pennsylvania Medical School in 1883, and he was from 1909 onwards Associate Professor of Pediatrics at the George Washington University School.

He published in the leading journals of the country some excellent papers on the successful use of Koch's lymph, on the effects of Florida climate on disease, on arteriosclerosis in the young, pyelonephritis and on diabetes. So far as Maine is concerned, he practiced very successfully and fashionably at Bar Harbor from May to the end of October for thirty-five years and was a very busy man. In the winter he practiced at St. Augustine, Palm Beach and Washington. He was a very able practitioner, skillful in diagnosis but rather visionary so far as concerned remedies, and was always ready to grasp every new suggestion as the final cure-all for all diseases. He was a fluent speaker and debater, and often read papers and case reports at the Bar Harbor and Hancock County Medical Societies.

He died very suddenly at Bar Harbor, September 29, 1922, after years of overwork, whilst a lull in his former practice as he grew older produced nervous symptoms to a depressing degree.

On the fifth of June, 1890, he married Miss Dorothea M. Grossmann, of New York, and is survived by her and by one son, now in successful practice in Boston.

J. A. S.



## *Notes.*

### **AMERICAN CHILD HEALTH ASSOCIATION.**

Under the leadership of Herbert Hoover, chairman of the American Relief Administration, a union of societies known as the American Child Health Association has been formed for the protection and promotion of child health in America. This association will put the full strength of the American Relief Administration behind a merger of two great national organizations at present doing work in America for children. One is the American Child Hygiene Association, which for thirteen years has been striving to improve conditions for the mother before and after childbirth, for the infant and for the pre-school child up to five years of age, under the presidency of such men as Dr. Philip Van Ingen, of New York, Dr. Samuel McClintock Hamill, of Philadelphia, Dr. Henry L. K. Shaw, of Albany, N. Y., Dr. J. H. Mason Knox, Jr., of Baltimore, Dr. S. Josephine Baker, of New York, Mrs. Wm. Bowell Putnam, of Boston, and finally of Mr. Hoover himself. The other is the Child Health Organization of America, which, under the presidency of Dr. L. Emmett Holt, aims to have health taught in the schools as a positive, not a negative subject, and to make the teaching such a game as will engage the active interest of every boy and girl in America. Both have already done remarkably successful work, which will now be greatly broadened. Earnestly supporting them will be the American Relief Administration, translating into service through the new association the experience in organization and administration gathered in eight years, from the time of the Belgian invasion, when it functioned under the name of the Commission for Relief in Belgium, through the years of reconstruction in Eastern and Central Europe and down to the present day in Russia.

The American Child Health Association will cover the whole cycle of child life prior to the period when the individual enters the industrial or college world. Such a work cannot be effected without the fullest co-operation of the local welfare agencies already functioning. It needs the active assistance of every parent, doctor, nurse, teacher, public health official and social worker in the country. The aim of the new association, then, is to create what may be described, paradoxically, as a decentralized Child Health Union, by which we mean it wants every agency and every individual as a member of the

national body, but not for the purpose of usurping or even directing local activities. On the contrary, its object will be to stimulate, when necessary, and to strengthen in every way possible the work now being done in the local communities. With that object in view it will have definite, concrete aides to offer active members.

Firstly, the American Child Health Association will act as a clearing house of information on all national child health activities. It will act, so to speak, as a switchboard through which a newly-born organization can listen in on the experiences of its elders; through which a struggling organization can learn how best to save its time, effort and money by avoiding recognized pitfalls.

Secondly, it will serve as a source of up-to-date, scientific information on child health, prepared by the best-qualified doctors and other professional workers in this and other countries.

Thirdly, it will supply a field service composed of experts, who, on request of a community, will help organize a new local health body or help solve the problems of one already existing.

Finally, it will aim to establish standards for child health work on a sound medical basis, to eliminate waste in the practical application of these standards, to co-ordinate the work already being done in such a way as to avoid all duplication of effort. It is quite evident from authenticated statistics that that work is not sufficient to meet the present need. America now ranks last of all nations advanced enough to have statistics on maternal mortality. It ranks sixth in infant mortality. Of its twenty-two million school children, thirty per cent. are so far under standard weight as to suggest a condition of malnutrition, and three million are in urgent need of medical attention. The American people, therefore, cannot afford the loss of energy due to duplication and the consequent confusion which at present results from uncorrelated child health work.

That is the fundamental reason for the amalgamation of the American Child Hygiene Association and the Child Health Organization and for the proffer of administrative help from the American Relief Administration. The merger is being effected, because by such a union of forces the work done in the past can be extended to meet the present and future need of more workers, more efficient workers and better organization. To succeed, the American Child Health Association must have energetic co-operation from all groups. It needs the assistance of every professional worker—every doctor, nurse, teacher, public health official and social service official. It needs the co-operation of the parents, because on them in the last analysis rests the responsibility for the child's condition. It needs

the co-operation of the children themselves, a simple thing to secure when health can be made such an attractive objective as the Child Health Organization has succeeded in doing.

In addition to those already mentioned its directors include Miss Grace Abbott, Chief of the Children's Bureau, U. S. Department of Labor; Dr. F. L. Adair, obstetrician, Minneapolis; George Barr Baker, American Relief Administration; Dr. Hermann M. Biggs, Commissioner Public Health, New York State; Miss Alice Blood, Simmons College, Boston; Miss Lillian Clayton, Director, League of Nursing Education; Dr. Hugh S. Cumming, Surgeon-General U. S. Public Health Service; Dr. Livingston Farrand, President, Cornell University, former Chairman of the American Red Cross; John H. Finley; Edward Flesh, Comptroller, American Relief Administration; Homer Folks, Secretary, New York State Charities Aid Association; Dr. John A. Foote, Professor in Pediatrics, Georgetown University; Elizabeth Fox, Director Public Health Nursing, American Red Cross; Mary Gardner, Honorary President, National Organization for Public Health Nursing; Dr. Arnold Gesell, Professor of Child Hygiene, Yale University; Dr. Clifford G. Grulee, Department of Pediatrics, Northwestern University, Chicago; Mrs. Franklin K. Lane; Dr. William P. Lucas, Professor of Pediatrics, University of California Medical School; Dr. Helen MacMurchy, Director Child Welfare, Department of Health, Canada; Dr. J. Arthur McBride, President, Montreal Child Welfare Association; Dr. E. V. McCollum, food expert; Mrs. Wm. B. Meloney; Dr. Prentice Murphy, Executive Secretary, Child Bureau, Philadelphia; Frank Page, American Relief Administration; Angelo Patri; Mrs. Charles S. Pillsbury, Minneapolis; Dr. Frederick Peterson; Dr. W. S. Rankin, State Health Officer, North Carolina; Edgar Rickard, Director-General, American Relief Administration; Dr. Bernard Sachs, neurologist; Dr. R. M. Smith, Professor, Child Hygiene, Harvard University School of Public Health, Boston; Dr. Borden J. Veeder, Department of Pediatrics, Washington University, St. Louis; Dr. Ray L. Wilbur, President, American Medical Association, and President, Leland Stanford University; Dr. William H. Welch, Director, School Public Health, Johns Hopkins University; Mrs. Ira Cough Wood, Chief Executive, McCormick Fund, Chicago; Dr. William C. Woodward, Executive Secretary, Legal Aid Committee, American Medical Association.

## AMERICAN MEDICAL ASSOCIATION—EASTERN DISTRICT.

OFFICIAL TOUR TO NATIONAL CONVENTION, SAN FRANCISCO, CALIF.

The American Medical Association Convention will be held at San Francisco, Calif., June 25-29, 1923. The sub-committee appointed by the secretaries of the medical societies of the Eastern States have arranged a twenty-five day tour to San Francisco and return, stopping at interesting and important points. All details of the trip will be taken care of, and all arrangements made by an experienced tourist representative, who will accompany the party and take entire charge of the tour.

In order to make this tour a success, and to have a special train with all conveniences, including dinners, special Pullmans, baggage car, etc., it will be necessary to have at least one hundred and twenty-five members subscribe to the tour.

The state medical societies of the Eastern States and of some of the Middle States have appointed the following sub-committee to arrange for the tour: Dr. E. Livingston Hunt, Dr. Wilbur Ward and Dr. Malcolm C. Rose.

The committee extend to all who contemplate attending the convention a cordial invitation to join the tour, the details of which will be published in the next issue.

E. LIVINGSTON HUNT, M. D.,

*Secretary Medical Society of the State of New York,*

17 West 43rd St., New York City.

## RESOLUTIONS ADOPTED BY THE PORTLAND MEDICAL CLUB.

John Franklin Thompson became a member of the Portland Medical Club in 1886. For thirty-six years, as essayist, disputant, presiding officer, and especially as promoter of good works, which this Club has sometimes gone out of its way to encourage, John Thompson has been active among us. Socially, our joy in living has received its expected increment whenever we have come in touch with his quaint humor and his delighttul drollery. Concerning our last meeting before his death, he said, "We had a good time. It was a fine meeting—one of the best." Pardonable has been our pride in seeing him a prominent member of the American Gynæcological Society, President of the New England Surgical Association and Director of the Maine General Hospital. But deeper and more valuable has been the feeling—with some of us perhaps subconscious,

with many of us a conscious, unshakable tenet of fraternal belief—that if any one of us should find himself in trouble, this friendly man would drop everything else and come without a moment of hesitation. Such men are rare, and John Thompson was a rare man.

ADDISON S. THAYER,  
CHARLES M. LEIGHTON,  
HAROLD J. EVERETT.

### NAVY ADOPTS NEOARSPHENAMINE.

The following letter of Rear Admiral E. F. Stitt, Medical Corps, United States Navy, was approved on August 17, 1922, by the Bureau of Medicine and Surgery, in charge of Rear Admiral W. C. Braisted, Washington, D. C., and published for the information of the medical officers of the United States Naval Service, in the *U. S. Naval Medical Bulletin*, October, 1922.

July 7, 1920.

*To the Bureau of Medicine and Surgery:*

Subject: Recommendation that neoarsphenamine be substituted for arsphenamine in connection with use on board ships and at certain stations of the Navy.

"1. I would recommend that the use of arsphenamine be discontinued on board ships of the Navy and in its place to substitute neoarsphenamine. This same recommendation would apply to stations and smaller hospitals.

"2. In the larger hospitals, where facilities for the administration of arsphenamine are satisfactory, the choice between arsphenamine and neoarsphenamine should be left to the discretion of the commanding officer.

"3. This recommendation is made for the following reasons:

"(a) In discussing fully this matter with the director of the hygienic laboratory, he is of the opinion that most of the accidents attending the use of arsphenamine have been connected with errors in technic. In view of the simplicity of technic when using neoarsphenamine, many untoward results would be eliminated.

"(b) In the clinic of the Brady Institute, neoarsphenamine is used exclusively, and Doctor Young and his associates are unable to note any lessened therapeutic efficiency with this drug than when arsphenamine is used."



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The superiority of "Horlick's" has won for it the confidence and endorsement of the medical profession.

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**PROGRAM OF STATE MEETING.**

MAINE MEDICAL ASSOCIATION.

HOULTON, ME., June 7, 8 and 9.

1. "Fractures," Dr. Frederick Cotton, Boston.
2. Subject to be announced, Dr. Richard Graves, Presque Isle.
3. "Digestive Disturbances in the Bottle-Fed Infant," Dr. Albert E. Fellows, Bangor.
4. "Unrecognized Injuries of Skull and Spine," Dr. Neil Fogg, Rockland.
5. "Preventable Deformities of the Extremities," Dr. Langdon Thaxter, Portland.
6. Subject to be announced, Dr. W. G. Chamberlain, Fort Fairfield.
7. Subject to be announced, Dr. H. L. Dobson, Presque Isle.
8. Subject to be announced, Dr. Babcock, Castine.
9. Subject to be announced, Dr. Eugene Kelley, Commissioner of Health, Massachusetts.
10. "The Ear," Dr. Mitchell, Houlton.

Speakers of the New Brunswick Society are as follows: David Mackenzie, Montreal; P. A. McDonald, Halifax; W. W. White, St. John; W. E. Rowley, St. John; W. D. Rankline ("The Septic Ear"), Woodstock; A. R. Landry, Moncton.

E. J. RYAN, M. D.

Dr. Landry has recently returned from France, where he had a scholarship from the French Government.

CARL M. ROBINSON, M. D.

**NEW AND NON-OFFICIAL REMEDIES.**

During January, the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-official Remedies :

Lederle Antitoxin Laboratories :

Bacillus Acidophilus Milk—Lederle.

E. R. Squibb and Sons :

Bacillus Diphtheroid Allergen—Squibb.

Staphylococcus Citreus Allergen—Squibb.

Bacillus Influenzae Allergen—Squibb.

Egg Yolk Globulin Allergen—Squibb.

Horse Serum Allergen—Squibb.

Winthrop Chemical Company :

Theocin Sodium Acetate.

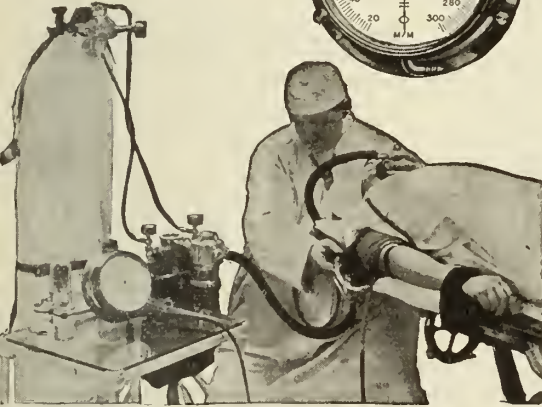
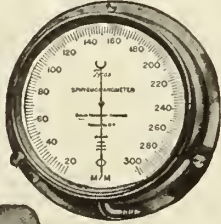
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A doctor in her home town cared for her during convalescence.

She did not improve and sought the services of another physician in another part of the same state.

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95% Alcohol

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Sample 4 grain tablets supplied to physicians upon request.  
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**For Men, Women and Children**

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Maine Medical Association meets in Houlton, June, 1923

# THE JOURNAL

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The Official Organ of the State and County Medical Societies.

VOL. XIII, No. 8.

MARCH, 1923.

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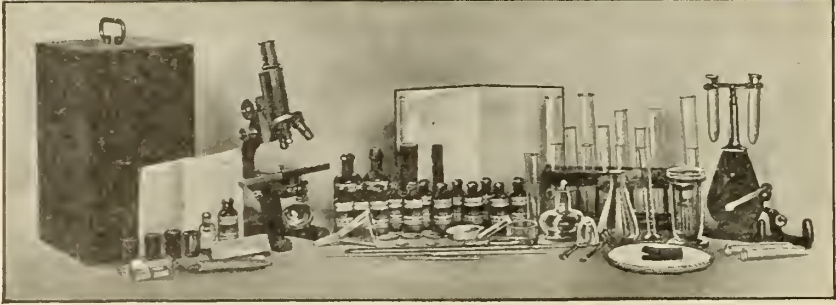
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are required to avoid errors that would vitiate the results. In the Oxytocic test, for example, uteri from several animals may have to be tried before one suitable for the purpose is found. Excessive irritability due to congestion and inflammation of the musculature renders the specimen unfit for use. Likewise to be rejected are those muscle strips that fail to record equal contractions from like doses of a standard extract. And in every case both standard and test samples of Pituitrin must be sufficiently dilute to obviate the occurrence of the maximum contraction of which the muscle strip is capable, since such an effect would leave the operator in doubt as to the exact degree of activity of the specimen under test.

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### \*COLLES' FRACTURE.

By DR. CHARLES C. MORRISON, JR., Bar Harbor, Me.

*Mr. President and Members of the Maine Medical Association :*

As has been stated, the paper of my selection is concerned with Colles' fracture. The first thing that we must consider is the fact that the true definition of Colles' fracture is based upon the classical paper written by Abraham Colles, describing a fracture of the radius at a distance of about one and one-half inches above the radio-carpal articulation. At the present day, however, the term Colles' covers, in general terms, a vast number of fractures at the lower end of the radius. It is so widely used that in this paper I am considering the general terminology.

I have deemed it wise to give just a short history of the readings which may be found on fractures of the radius in the Surgical Annals back to 1805. They are taken from Desault's "A Treatise on Fractures, Luxations and Other Affections of the Bones," the translation from the third edition made by Dr. Charles Caldwell, of Philadelphia, in 1817; also from Cooper on "Dislocations and Fractures," written by Sir Astley Cooper in 1825; Dupuytren on "Diseases and Injuries of Bone," selections from the Collected Edition of the Clinical Lectures, translated by F. Le Gros Clark in 1847; and later writings of Helmuth in 1879; Da Costa; Binney and Keene's "Surgery" in their latest editions; also a paper by Dr. Paul B. Magnuson, of Chicago.

\*Read before the annual session of the Maine Medical Association, June 27, 1922.

I regret to say that I have as yet been unable to obtain the original treatise by Abraham Colles on this fracture, but gleaning from the book of Dupuytren, I find that in the latter Colles is referred to as recognizing the fracture.

In the earliest writings that I have, those of Desault and Cooper, a noteworthy instance is the fact that both speak of dislocations of the radius and ulna in different manners at the wrist, the chief dislocations being anterior and posterior upon the carpal articulations. However, it was Colles who first contradicted this, together with Dupuytren, the latter stating that although up to that time Desault, Cooper, Petit, Duverney, and many others had claimed there were four dislocations at the wrist and each classified them, Dupuytren claimed he had never found any such case. It is interesting to note, however, that the treatment as carried out was that of fractures; thus fairly good results were obtained in most instances.

The signs and symptoms of fractures, as dealt with by the three writers, were practically the same, they having practically all of our symptoms of to-day put to use in the diagnosis of fractures. First, they noted crepitus of the bone. It is interesting in this item to state that Desault gives the following in his own words. He cautions the inexperienced to be careful and not misinterpret the crepitus of a broken bone, as he states, "with a kind of noise sometimes heard in the sheaths of the tendons of the extensor longus and brevis, the abductor longus"—otherwise, as we know it, tenosynovitis. Another historical note is brought to bear upon Petit's method, that of placing one hand at the elbow in such manner that the head of the radius may be plainly felt with the other hand, rotating the arm, then the continuity or fracture of the bone would be determined, as to whether the head of the radius moved or not. This, I do not believe, could apply to impacted Colles'.

Another point of interest is styloids—as to whether the two styloids in the injured arm hold their normal relationship to each other—then their treatment. Desault mentioned first in his words, "It is necessary, according to the precept of Hippocrates, to place the forearm in a middle state of pronation and supination, flexion and extension. This position is greatly favorable to the relaxation of the muscles, and is that, above all others, as the Father of Medicine observes, which those who have sustained a fracture naturally assume." This position was assumed by all. The reduction was then carried out by the surgeon and two assistants, one assistant grasping the arm near the elbow and with both hands in such manner that the thumbs were on the posterior part of the arm, the other

assistant grasping the hand and making traction. The surgeon then endeavors to set the fracture.

All of the surgeons at that date made note of the fact that the pronator quadratus pulls the lower fragment of the radius toward the ulna, thus they all worked to keep these apart. The method expounded by Desault was of folding two linen compresses the length of the forearm—each fold being about one inch wide and consisting of seven folds—then, after reduction, these placed on the anterior and posterior surfaces of the arm, attempting to force them between the bones with his fingers, bandaging them there firmly with rollers, more tightly at the lower portion, less tension as they went up the arm. Then four splints were used corresponding to the four sides of the arm, but inasmuch as the ulna acted as a splint in a fracture of the radius alone, then the fourth splint was discarded on the ulna side. These were firmly bound, but it was left to Sir Astley Cooper to finally observe that the weight of the hand alone when allowed to hang as it would in a sling would offset the ordinary pull of the pronator quadratus; thus he advocated the use of the cravat or sling which went only as far as the wrist, allowing the hand to hang as it would normally. Dupuytren gives several cases in which he records too tight bandages, with consequent gangrene and amputation of forearm resulting.

It is interesting to note that Desault criticizes Hippocrates and the surgeons following down to his time on not considering the manner of holding the bones apart. Coming down still further in the 19th century readings, a book written in 1879 by Helmuth, of New York, we find first pictures of the Bond splint or pistol grip, one which is now used at the present day, of the Hamilton splint, and it was along about this time that the term of dinner-fork or silver-fork deformity was applied. From that time on a great many different methods of reduction and a great many different splints were advocated, and their manners of use, each being, to the minds of the inventors, the method or splint best adaptable to Colles' fracture. I believe, however, that one must consider that if one man observes one way, with slight modifications of this, of reducing Colles' fracture with splints which will be adaptable to the method of fracture, and having practice in this method of his, he will do far better than should he attempt to use each of the best methods as they are advocated. We find that the posterior and anterior splints are of greatest use to-day; the Bond splint is used a great deal, plaster of Paris splints or casts are used, and many methods.

But now turn to the cause of fracture of the radius and the



structure of the wrist joint. Let us consider its general origin. At the wrist joint the anterior radio-carpal ligament is very tense and firm and the carpal bones are so firmly united that they act almost as one bone. With a severe strain or blow on the wrist, this ligament holding the radius must, as a rule, break above the insertion of the radio-carpal ligament. Another ligament in the lower articulation of the radius and ulna is the radio-ulna ligament, and in fractures we find this ligament tearing, allowing the ulna to go forward and down. We also find on the ulna a notch where the radius fits, and in fractures where this ligament is torn, the radius, in pulling upward and forward, rides, not in the proper notch but on the ridge of the lower end of the ulna. The pulling of the muscles of the forearm is such that the mechanics of this fracture are carried out most perfectly in the silver-fork deformity—the pronator quadratus pulls the lower end of the bones together, and this, in turn, is aided by the brachioradialis or supinator longus. The biceps or supinator brevis have a tendency to supinate the upper fragment, but are opposed by the pronator teres, which tends to flex the upper fragment and pull it toward the ulna. Therefore we find that the radius at its lower end is driven upward and backward and the upper fragment downward and forward, and both fragments rotate to a slight degree from their original axis with the ulna. The ulna and these two fragments, however, cannot be thrown apart because of the inter-osseous membrane which holds the ulna and radius firmly together.

Fracture of the lower end of the radius is mostly from falls, and at the present day, since the time of automobiles, at times when a person is cranking a car. Colles' fracture being a supination fracture, sustained from a fall or blow, upon the breaking of the bone receives more or less impaction of the same. This we must consider in our reduction. With the majority of cases we find there is more or less dorsal displacement of the lower fragment upon the upper, together with destruction of the cortex of the bone, most evidenced in the dorsal and external portions of the bone. If now a bone is restored to its proper alignment and length, you will note by the X-ray findings that there is a V-shaped portion of the bone lacking at the point of fracture. At the same time we must consider that there are very, very few Colles' sustained without either a fracturing of the tip of the styloid of the ulna, which is most common, or a dislocation of the ulna from its articulation with the fibro-cartilage, but generally some misplacement of the extensor carpi ulnaris from its groove on the ulna tip. Thus we must consider not only the mere reduction of the same but the manner and means by which



these can be held more firmly in place with least discomfort to the patient. This brings me to my point that I wish to bring out, that with the exception of very simple Colles' fractures, in which all that is deemed necessary is the anterior and posterior splints after reduction, we should use some method in which the hand is held semi-prone and laterally flexed, to overcome consequent impaction caused at the time of fracture. This is the method that I have been taught, have used, and have studied, the results from which I believe to give, in the great majority of cases, the quickest and best results to be obtained from this injury. Needless to say, the fracture should be reduced at the very earliest possible moment succeeding the fracture, and that it should be put up in such a way that any undue amount of œdema may be taken care of. We find, however, that in the majority of cases the well-set fracture of the forearm rarely gives any undue amount of swelling and therefore just careful watching is needed. Anesthesia, I believe, should be almost universally used, thus giving much better chance of completing reduction, for no matter how sturdy the patient or how heart-hearted the surgeon may be, without anesthesia some consideration is made in reduction and application of splints for the feelings of the patient and no true relaxation is obtained.

Having once obtained a good anesthesia, the surgeon grasps the hand of the patient, right hand for right hand of patient, and *vice versa*, the other hand grasping the forearm above the wrist. In case of severe impaction the hand grasping the hand of the patient is so placed that the fingers fit the palm—the palm of the surgeon's hand laid across the dorsum of the patient's hand, thus allowing the forefinger and thumb of the surgeon's hand to palpate the head of the radius. Then the patient's hand is strongly adducted, traction is made, then slowly bringing it to full extension and then swinging toward the radial side of the arm, first flexion, then pronation, then lateral flexion, thus completing a full circle and reducing the impaction, and at the same time the circumduction allows the styloid of the ulna to fit back into its proper position and the tendon of the ulna extensor to resume its natural position in the groove of the ulna. Then, held by the surgeon's hand in this position, a light plaster of Paris shell or cast is applied, putting reinforcement slightly over the site of fracture, and the folds of the bandage between the thumb and the forefingers, allowance being made for flexion of the thumb and fingers. At this point, holding the hand in position, the surgeon can then take up by compression the bandage on the flexor surface of

the forearm over the site of the fracture, thus making the bandage fit the arm and hold it tighter.

After noting that the cast has begun to set in good shape, I am accustomed to cut through, allowing a smaller, flexor portion of the splint, the extensor portion kept larger, holding these two parts intact by a linen bandage, then rubbing into this well some plaster of Paris, thus enabling my removing the cast quickly and without undue amount of work.

In the old days of 1805 the hand was kept in a splint from twenty-four to forty days, but I believe, as Sir Robert Jones states, that the over-anxiety to the early removal of the cast is in some conditions bad, giving slower convalescence to normal function. I find that in simple fracture with slight impaction and slight destruction of the cortex that the flexor splint may be removed at the end of from eighteen to twenty days, and in some cases slightly earlier, the posterior splint remaining. Then the posterior splint being removed, the determination of the motion by passive motion is made at the end of three to four weeks. At the end of four weeks the post splint may be entirely discarded and the patient encouraged to use his arm, for the first week or so carefully, and then in two or three weeks assume normal work. Of course in the case of some severe fractures, the length of time of removal of the two parts of the cast is in accordance with the degree of fracture and the age and station in life of the patient. Care should be taken to caution patient while cast is on to continually exercise his fingers from the very outset, thus keeping their flexibility.

The method of sling I have adopted is that dating back to the cravat, but the sling being carried to the wrist and no farther. It is interesting to note that Helmuth, in 1879, quotes Professor Moore as giving an interesting paper in which a very similar reduction is given, with the exception that the apparatus used to retain the fracture is made of a few bands of adhesive plaster, well-padded, to hold the points of fracture together, and a sling of the cravat style.

You will note that I have made no mention of X-ray. X-ray, of course, in late years, has absolutely revolutionized the practice of orthopedic surgery, also, as dealt with in this paper, fractures of the wrist. X-ray should be taken immediately after the fracture, previous to any but first-aid treatment, if available. Then, having determined the extent of the fracture, reduction being carried on after the manner stated, the second X-ray is taken after the patient has fully recovered his equilibrium, at the end of the second day. Of course we must consider those isolated places in which no X-ray is

available. In those instances immediate reduction is most advisable, and, as have been the results obtained from most competent surgeons, a good result will be experienced by the patient. I have followed up many cases of fracture of the radius, having had, by chance, a very good field in the accident department of the Boston City Hospital, and it is to Dr. Halsey B. Loder, of Boston, that I am indebted for most of my teachings and for the plates that I have to show. Quite a few of these cases I have had the opportunity to assist and follow through.

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## \*CLINICAL SIGNIFICANCE OF HEMATURIA.

BY C. HAROLD JAMESON, M. D., Thomaston, Me.

Hematuria is a presenting symptom. A consideration of such a symptom must have a wide appeal to both physicians and surgeons. Its association with a number of pathological processes, of greater or less degrees of importance, renders its presence of great interest and significance. As one of nature's "danger signals," the occurrence of gross blood in the urine, or microscopic evidence alone, ranks with the unusual appearance of blood elsewhere, as from uterus, rectum or lungs. The laity manifest alarm at symptoms such as hemoptysis, hemitemesis or metrorrhagia, but hematuria is noted with comparative equanimity, and this view, I think, represents the reflected opinion of the medical profession. During over seven years' association with hospital clinics in Boston, my attention was frequently called to such instances. It seems incredible that cases reporting gross painless hematuria could be turned away with advice to avoid eating carrots or tomatoes, or to follow a milk diet, or to await recurrence of the symptom before submitting to investigation, but such has frequently been the case, and such advice has fallen from the lips of most intelligent physicians. That such advice should emanate from members of this society is incredible, but I cite the above examples to suggest that the importance of this symptom is not entirely appreciated.

The occurrence of red blood cells in the urinary sediment is, of course, distinctly abnormal. Lesions along any portion of the urinary tract may be responsible factors, or the etiological factor may be entirely outside the genito-urinary system. Thus such systemic diseases as scurvy and purpura hemorrhagica may show hematurias. The occurrence of microscopic blood in the urine is common enough, and to a considerable degree in general infectious processes such as typhoid fever or scarlet fever or pneumonia, in this group of cases resulting from toxic nephritis, while acute nephritis, or at any rate an acute renal irritation with hematuria, commonly attends acute poisoning from toxic substances such as bichloride of mercury. So there is a group of non-surgical cases manifesting hematuria that can be eliminated from this discussion except as they may call for special attention.

There can be no real differentiation between gross and microscopic hematuria, since these are merely differences of degree and may or

\*Read before the Knox County Medical Society at Rockland, Me., Jan. 9, 1923.

may not be related to the severity of the underlying pathology. Symptoms associated with hematuria are entirely dependent upon the underlying pathology and may be of value in establishing a tentative diagnosis. The occurrence of blood in association with other symptoms, such as frequency, dysuria, pyuria, etc., renders the clinical syndrome more urgent, so that such cases are apt to receive earlier attention from both patient and medical attendant. Those cases, however, where the bleeding is both painless and intermittent are frequently the most elusive, the most obscure and unfortunately the most serious, in which early diagnosis is imperative.

The type of macroscopic hematuria often supplies a valuable hint as to its source when the patient is a good observer, or, in the rarer instances, where the medical attendant can witness the passage of blood containing specimens. Lesions at the vesical neck from any one of the several possible causes ordinarily produce a terminal bleeding. Ulcerative processes in the fundus of the bladder may be attended by gross bleeding, with clots, but often show some terminal bleeding as a result of traumatization in the contractile efforts of the viscus to expel the last few drops of its contents. The lesion above the level of the bladder commonly causes a total hematuria, since the extravasated blood reaches the bladder with the intermittent peristaltic action of the ureter and finds opportunity to become admixed with the urine before the organ is emptied. Thus in a broad way the seat of one lesion may be fairly accurately predicted, though its extent and nature and exact location are to be determined by modern methods of urological investigation.

The temporal recurrence of the symptom under consideration is widely variable, dependent upon its underlying cause. In my experience the longest interval between observed passages of blood occurred in a patient who presented himself at the age of sixty, reporting recent hematuria of painless character. Twenty-five years previously he noted blood in his urine on one or two occasions, and had no subsequent symptoms until shortly before entering the hospital. At operation he was found to have a slow-growing adenocarcinoma of the kidney. Thus the single occurrence of blood in the urine challenges the medical attendant to use all his resources to determine "why."

With these preliminary remarks as to the characteristics of the symptom hematuria, we may proceed to the consideration of the more important underlying causes at the various levels at which they occur.

Severe acute infections of the bladder frequently manifest hematuria, though it is seldom pronounced and usually overshadowed



by the more marked symptoms of urgency, frequency and pyuria. When present, it is usually terminal. The presence of a foreign body, be it a calculus or some material introduced from perverted sexual practices, is finally attended by bleeding, though in most instances a secondary ulceration of bladder mucosa will be responsible. The chronic cystitis case rarely shows hematuria except where there is ulceration, and such conditions are fulfilled in tuberculosis, always secondary in this organ. A recent case of terminal hematuria in a young boy of fourteen, seen recently with some of you here present, proved to be due to a vesical tuberculosis secondary to renal and prostatic infection. The involvement of the bladder wall by the schistosoma hemotobium, a parasite endemic in South Africa, is more frequently encountered in the United States nowadays on account of the increased immigration. This infection of the bladder is characterized, as a rule, by persistent and frequent attacks of hematuria, often unattended by other symptoms for months or years during the development of profound pathological changes.

One immediately thinks of trauma to the urinary tract somewhere along its course as a rather obvious cause of blood in the urine. To dismiss this topic without further consideration is not to belittle its importance, but to permit discussion of the less commonly recognized causes of hematuria.

Gangrenous cystitis, with foul alkaline urine, frequently manifests such a degree of bleeding that malignant degeneration is suspected and is often differentiated with difficulty if at all. In a recent case ante mortem diagnosis was impossible, since the bladder was so foul that a clear medium for cystoscopic examination was impossible.

An infrequent cause of microscopic blood in the urinary sediment depends upon the presence of the so-called "elusive ulcer" discussed by several authors, most notably by Hunner, of Baltimore. The symptomatology in such cases frequently suggests the presence of vesical tuberculosis, but a careful cystoscopic examination reveals the true pathology.

Papilloma of the bladder as a cause of bleeding is met with comparative frequency, probably more often in males than in females, at almost any age after maturity. These benign frond-like growths situated on the floor of the bladder, commonly at the outlet, may attain an astonishing degree of growth before any symptoms develop, or they may be attended by early superficial ulceration or fragmentation, which gives the telltale symptoms of pathology. Diagnosis may be facilitated by the passage of fragments in the urine, or a history may be obtained of intermittent blocking of the urinary stream as one of

the fronds, advantageously located, falls into the internal meatus as the bladder is evacuated. This symptom is sometimes produced by vesical calculi, though in the latter instance the attendant infection is usually pronounced. These tumors are of benign character, though potentially malignant, and are readily recognized on cystoscopic examination. Treatment by intravesical fulguration with high frequency current is eminently successful, though repeated local recurrences are not uncommon, requiring systematic follow-up observation.

Malignant papillomata and papillary carcinomata are the more frequent neoplasms involving the bladder, while scirrhus carcinoma, sarcoma and myxomata are comparatively rare. The malignant tumors rarely manifest any symptom prior to hematuria, which is unfortunately a tardy warning in the most favorable case. One of our cases had consulted at least five physicians, and lost as many months of time, before cystoscopic examination was undertaken, when a sessile infiltrating tumor was demonstrated in the fundus of the bladder. Another patient, seen while on the urological service at the Peter Bent Brigham Hospital, within three weeks of his initial hematuria, presented an unusual condition. A nickel-size malignant involvement of the bladder presented itself on cystoscopic examination. At operation the bladder tumor was found to be extending by contiguous growth from a carcinoma apparently arising in the lower sigmoid. Some time later, at necropsy, the surprising pathological sequence was disclosed. The primary tumor was in the body of the pancreas, from which metastatic involvement of sigmoid had occurred, and still later by contagious growth an extension to the bladder with hematuria as the first symptom.

The relation of prostatic hypertrophy, benign or malignant, to hematuria presents interesting features. I do not intend to enter in detail into the subject of anatomy or pathology of this organ, except to remind you that the lobes involved in hypertrophic and neoplastic conditions are distinct. Benign hypertrophy, involving the two lateral lobes or the median lobe, or both, is frequently attended by an extreme degree of venous congestion of the trigonum, explaining the frequent and not uncommonly marked bleeding that attends such cases. Recalling that it is the posterior prostatic lobe, sometimes referred to as the "surgical capsule," in which malignancy takes origin, one appreciates the reason for the absence of hematuria in such tumors of the prostatic gland, at any rate not until late in the rare cases where the bladder mucosa becomes involved. The more frequent occurrence of hematuria in benign hypertrophy as compared with malignant changes in the prostate is not generally recognized,

so that the occurrence of considerable hemorrhage in cases of prostatism need not depress the patient with fear of the inoperability of his condition.

In passing, one should mention syphilis as an occasional cause of gross hematuria, sometimes of a serious degree, and attended, as a rule, by severe tenesmus. The underlying pathology in such cases is usually the tertiary gumma. Vesical lesions associated with secondary lues have been noted responsible for microscopic blood, disappearing after antiluetic treatment. Considering the prevalence of syphilis, however, one can fairly say that it is an unusual cause of hematuria.

In the ureter itself there are few lesions causing hematuria. The outstanding causes that will be thought of at once are tuberculosis and calculi, the former condition never being primary in the ureter, however. Downward passage of calculi commonly causes sufficient trauma to ureteral mucosa to insure the presence of red blood cells in the catheterized or voided bladder urine. The literature contains interesting reports of a few cases of appendicitis in which there have been urinary symptoms and the findings of microscopic blood in the urinary sediment. The most plausible explanation of such findings would be that which assumes an acute renal irritation from toxemia. Congestion of ureteral mucosa from periureteritis seems unlikely, particularly in those cases where the associated infection has been of an appendix in retrocecal position. Certain metabolic disturbances, attended by the passage down the ureter of showers of crystals, comprise an interesting group. Although there be no actual calculus formation, the crystals may cause definite ureteral colic and attendant bleeding. Cystin crystals are particularly apt to cause such symptoms and are, of course, readily recognizable in the urinary sediment on microscopic examination. Tumors of the ureter itself are of extremely rare occurrence and manifest themselves more commonly by symptoms of hydronephrosis than by hematuria.

Pathology in the renal pelvis and parenchyma frequently becomes manifest only as a result of local bleeding. As has already been stated, blood from this level always produces a so-called "total" hematuria. Given such a symptom, one considers several possibilities, namely, renal tuberculosis, renal neoplasm, the so-called coryl calculus, polycystic disease of the kidney, renal infarction and finally the so-called essential hematuria.

In renal tuberculosis, for example, the initial, and perhaps for some time the only symptom, may be slight intermittent hematuria. In such cases the immediate investigation and disclosure of the etiology is of paramount importance to insure timely surgical treatment.

A young man of twenty-five reported to the clinic on account of hematuria noted only two weeks earlier. The most careful quizzing failed to elicit any antecedent symptoms except for slight frequency of urination during the preceding two months, yet at operation the kidney showed a dime-sized tuberculous process involving the lower pole of the kidney and impinging the renal pelvis. Though not always early, hematuria rarely fails to be present at some stage of renal tuberculosis.

As a danger signal in renal neoplasms hypernephroma bleeding may be a life-saving warning. Unfortunately it does not always manifest itself until distant metastases render surgery futile. Mention has already been made of a patient who had observed bloody urine twenty-five years before he finally presented himself for treatment, but in the majority of cases neoplasms are less obligingly slow in their growth. Indeed, hematuria may never occur.

Two cases of hypernephroma were seen at the Peter Bent Brigham Hospital, neither of which had manifested any urinary symptoms or pathology. In one, a frail, emaciated man of sixty, with an enormous tumor of the right flank, came to necropsy, when an enormously enlarged right kidney was demonstrated involved by a necrotic friable hypernephroma. There were no demonstrable metastases. The contrasting case, a negro of about forty, without other symptoms, entered the hospital because of a swollen abdomen. The patient developed an acute abdominal hemorrhage and died, despite surgical intervention, within a few days. In this second case the liver was enlarged to twice the normal size by a metastatic hypernephroma originating in a very small primary growth of the left kidney. The size of the primary lesion has no relation to the question of metastases.

The benign papillomata of the renal pelvis are in general not unlike those described as occurring in the urinary bladder, yet their occurrence in the former situation is relatively rare. The patient will be unaware of such a renal lesion prior to the appearance of blood in the urine in most cases. Physical examination rarely aids, and only after cystoscopic examination with ureteral catheterization and outlining of the renal pelvis can the condition be recognized. In one of our cases at the Brigham Hospital the unusual occurrence of two types of new growth in the same organ was present. A benign papilloma had been responsible for the bleeding resulting in surgical interference, and on sectioning the kidney after nephrectomy an early carcinoma was demonstrated in the parenchyma at the upper pole.

Renal calculi probably supply the most frequent cause of bleeding above the level of the bladder and present in most cases a clear-



cut clinical picture, rendering diagnosis comparatively easy. The branching coryl calculus of large size, or so-called "silent" stone, is less frequently seen, this type often giving no symptoms for months or years, though occasionally giving rise to painless "total" hematuria. With such bleeding, or perhaps with ureteral colic from the passage of a calculus fragment or blood clot, the patient visits his physician and diagnosis is quickly established by simple X-ray of the kidney area.

Probably few cases of congenital polycystic disease run their course without exhibiting hematuria at some time or other. The diagnosis in these cases is usually obvious from the well-defined bilateral renal tumors and the characteristic feeling on palpation. The greater difficulty is presented by the cases showing unilateral tumors when the question of neoplasm or tuberculosis may raise itself seriously for differential diagnosis. Pyelography then becomes of paramount importance.

The marked degree of hematuria occurring in certain cases of cardio-renal disease with hypertension presents much interest, though comparatively little is known of its causation. It is thought by some authorities to be of the nature of a renal apoplexy. The bleeding is usually unilateral and no abnormality of contour of pelvis could be demonstrated. It will be interesting to learn if any of you have encountered cases of this type in your own practice.

In any paper on this topic one should at least mention the group of cases classed under the head of "essential hematuria." This group properly comes last, because such a diagnosis can be made only by exclusion, and it is always a dangerous one, like that of "hysteria." The limitations of methods of diagnosis, urological, microscopic, Roentgen ray, or whatever, compel the observer to be wary in denying flatly the possibility of this, that or the other diagnosis. In short, it is easier to make a positive diagnosis than a negative one. The cases of so-called "essential hematuria" then fall into a group where no positive findings other than the blood can be discovered. Necropsy findings have added little in clearing up the pathology of these cases. Pelvic lavage has been of value in their treatment. Any case on which this diagnosis has been made (a diagnosis which is in reality no diagnosis at all) demands subsequent observation, for from it may emerge such formidable pathology as renal tuberculosis or neoplasm.

I believe that I have considered the more important cases of hematuria, especially those for which surgical treatment is positively indicated. Given the symptom hematuria, with appreciation of its importance, the systematic investigation of the patient, by history, physical examination, laboratory methods and the special methods of urological examination, will be rewarded by an accuracy of diagnosis approximated in no other domain of surgery.



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## HYGEIA.

If fiction is not stranger than truth it is at least much easier to write. Accurate information is gained only by conscientious effort. but an article that will intrigue the public can be produced by anyone with a good imagination and a little familiarity with "Smart Aleck" writing. As a result we are cursed with a crop of pseudo health magazines which succeed by following the Ananias school of journalism. The difference between one of these and a bilious daily is that the daily perverts the mind, while the yellow health journal spoils the body.

It is the experience of most of us that many patients come to us, not to find out what they ought to do to be healthy. Much of our practice is with people who want to know how to do something they ought not to do and escape the consequences. The lay health magazine is full of advice for achieving this purpose. Its advertising is of the same class. "Take Bishop O'Halloran's Liver Elixir. It takes the place of exercise." "Smear on Lady Dunraven's Rouge. The flavor is unequalled." They are absolutely conscienceless as regards the damage they do. For instance, one of the most popular, whose bathing girl covers vie with the salacious trash on every news stand, came out with a recommendation for direct sunlight in the treatment of the eyes. This was at a time when physicians were warning the public of the fatal consequences of looking at the sun during an eclipse, and could hardly fail to result in damage to some credulous observers. The motive for this malicious sort of falsehood is difficult to comprehend, unless it is antagonism to the medical profession. It is a fact that most of these publications try to strengthen their grasp upon the untutored Americans by an insidious propaganda against the doctors. They are shrewd

enough to adapt their appeal to a population nearly 50 per cent. of which is under the 12-year-old intelligence test. We occasionally see in clinics the disastrous results of their campaigns for feeding infants on raw cellulose, and similar fads.

Enough damage is done to the medical profession by such propaganda to warrant us in backing any hopeful move to combat their influence. The most promising is the American Medical Association's new monthly, *HYGEIA*, published by physicians for laymen. This publication will do more than "throw the cold light of scientific fact on fads, fancies, foibles and fakes." It will meet these pernicious periodicals on their own ground and fight them there.

Many physicians will subscribe to this magazine because they have a sense of responsibility toward the public, and wish to support an enterprise which promises to discharge for us our duty as teachers in public health. Others will wish to back the journal simply because it is published by their Association. Those to whom neither of these motives appeal should have their attention called to the more selfish benefits which they gain from every movement which exposes medical frauds, quacks and irregulars. Aside from altruism as a pure business proposition, no member of the profession can afford to be without it on the table of his reception room.

## *County News and Notes.*

### CUMBERLAND.

#### CUMBERLAND COUNTY MEDICAL SOCIETY.

The sixty-third stated meeting of the Cumberland County Medical Society was held at the Congress Square Hotel, February 23rd, 1923.

The annual meeting for the year was called to order at 8.15 p. m., by Dr. N. M. Marshall, President *pro tem*. There were present forty-five members.

As a tribute to the memory of Dr. John F. Thompson, all stood and a silent toast was given for a minute.

The Secretary then read the following communication:

"AUGUSTA, MAINE, Jan. 1, 1923.

The members of the Kennebec County Medical Association greatly deplore the death of Dr. John F. Thompson. He was more than a friend. He was a wise counsellor and to many of us a much loved teacher. By a unanimous vote it was resolved, that this society extend to his surviving relatives and to the members of the Cumberland County Medical Association, heartfelt sympathy in their great loss.

HERBERT W. HALL, *Secretary*,"

The records of the previous meeting were read and approved.

The annual report of the Secretary was read and accepted and ordered to be placed on file.

The annual report of the Treasurer was read, audited by a committee of three and ordered to be placed on file.

The election of officers for the the year 1923 resulted as follows:

President—Dr. Wm. H. Bradford.

Vice-President—Dr. George B. Swasey.

Secretary-Treasurer—Dr. E. E. Holt, Jr.

Censor—Dr. C. L. Cragin.

Delegates to the Maine Medical Association,—Dr. A. W. Haskell, Dr. Adam Leighton, Dr. E. G. Stetson, Dr. T. J. Burrage.

Dr. William H. Robie, of Boston, gave a very interesting and instructive address on "Cardiac Disease." The cardiac abnormalities and their treatments were considered under the following heads: 1st, Potential Heart Disease; 2nd, Infectious Heart Disease; 3rd, Compensated Heart Disease; 4th, Ahythmias; and 5th, Failing Heart. At the conclusion there was a free discussion, which was entered into by

most of the members present. A rising vote of thanks was given to Dr. Robie for his effort in making this one of our most successful meetings.

A vote was passed authorizing the President to nominate a committee of three to draw up resolutions on the deaths of the four members who had died during the year 1922. Dr. Bradford appointed Dr. Spalding, Dr. Cumston and Dr. Twitchell.

Dr. C. B. Sylvester, as Councilor for the District, reported that at the last meeting of the Councilors and County Secretaries it was the consensus of opinion that the physicians of this state should favor the establishment of a lay board of examiners rather than in any way to change the medical practice act. He also spoke of the public health work being done, and recommended that a committee of three from this society be appointed by the Chair to assist in this work, this committee to consist of the state health officer, the local health officer, and one other member of the society interested in the work.

It was voted that the President appoint such committee.

Dr. Adam P. Leighton, Jr., informed those present that there was going to be an interesting hearing in Augusta on February 27th in regard to a bill authorizing chiropractors a separate licensing board. He urged all to show their interest in this by attending the meeting.

Voted to adjourn. Adjourned.

E. E. HOLT, JR., *Secretary-Treasurer.*

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## **Notes.**

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### **AMERICAN MEDICAL ASSOCIATION—EASTERN DISTRICT.**

OFFICIAL TOUR TO NATIONAL CONVENTION, SAN FRANCISCO, CALIF.

The American Medical Association Convention will be held at San Francisco, Calif., June 25-29, 1923. The sub-committee appointed by the secretaries of the medical societies of the Eastern States have arranged a twenty-five day tour to San Francisco and return, stopping at interesting and important points. All details of the trip will be taken care of, and all arrangements made by an experienced tourist representative, who will accompany the party and take entire charge of the tour.

In order to make this tour a success, and to have a special train with all conveniences, including dinners, special Pullmans, baggage car, etc., it will be necessary to have at least one hundred and twenty-five members subscribe to the tour.

The state medical societies of the Eastern States and of some of the Middle States have appointed the following sub-committee to arrange for the tour: Dr. E. Livingston Hunt, Dr. Wilbur Ward and Dr. Malcolm C. Rose.

The committee extend to all who contemplate attending the convention a cordial invitation to join the tour, the details of which will be published in the next issue.

E. LIVINGSTON HUNT, M. D.,  
*Secretary Medical Society of the State of New York,*  
17 West 43rd St., New York City.

## PROGRAM OF STATE MEETING.

MAINE MEDICAL ASSOCIATION.

HOULTON, ME., June 5, 6 and 7.

1. "Fractures," Dr. Frederick Cotton, Boston.
2. Subject to be announced, Dr. Richard Graves, Presque Isle.
3. "Digestive Disturbances in the Bottle-Fed Infant," Dr. Albert E. Fellows, Bangor.
4. "Unrecognized Injuries of Skull and Spine," Dr. Neil Fogg, Rockland.
5. "Preventable Deformities of the Extremities," Dr. Langdon Thaxter, Portland.
6. Subject to be announced, Dr. W. G. Chamberlain, Fort Fairfield.
7. Subject to be announced, Dr. H. L. Dobson, Presque Isle.
8. Subject to be announced, Dr. Babcock, Castine.
9. Subject to be announced, Dr. Eugene Kelley, Commissioner of Health, Massachusetts.
10. "The Ear," Dr. Mitchell, Houlton.

Speakers of the New Brunswick Society are as follows: David Mackenzie, Montreal; P. A. McDonald, Halifax; W. W. White, St. John; W. E. Rowley, St. John; W. D. Rankline ("The Septic Ear"), Woodstock; A. R. Landry, Moncton.

E. J. RYAN, M. D.

Dr. Landry has recently returned from France, where he had a scholarship from the French Government.

CARL M. ROBINSON, M. D.



## THE SAN FRANCISCO CONVENTION SESSION OF THE AMERICAN MEDICAL ASSOCIATION AS A START- ING POINT FOR VARIOUS TOURS.

The California Convention headquarters of the American Medical Association, working with the various tourist agencies, civic and commercial organizations, are arranging plans whereby the San Francisco Convention will be the starting point for a number of tours.

One of those will be a three weeks' trip to Honolulu on a special boat, touching at all of the principal ports, including the leper colony, and returning to San Francisco.

Another trip under contemplation is up the west coast of the United States to Alaska and return, allowing returning passengers to leave the boat at Vancouver and travel over the Canadian Pacific east, or at Seattle over the Great Northern Railroad; at Portland and thence east by a number of lines, or to San Francisco and Los Angeles or San Diego and back east by any of the numerous lines, or connecting at San Francisco with boats that will return east through the Panama Canal.

Arrangements are also being planned by which persons may begin an entire Oriental tour, starting from the convention a day or so after its close. These trips will include Japan, China, the Philippine Islands and return to San Francisco, or one may go on through the Suez Canal and Europe.

In fact, any and all sorts of combinations of tours, to take up as much vacation as one cares to use and to any part of the world, will be one of the features easily arranged in connection with the convention.

Persons interested in any of these points or in any other matters connected with their trip to California are requested to write W. E. Musgrave, chairman of the local Committee of Arrangements, 806-809 Balboa Building, San Francisco.

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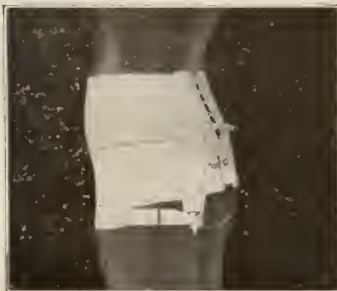
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APRIL, 1923.

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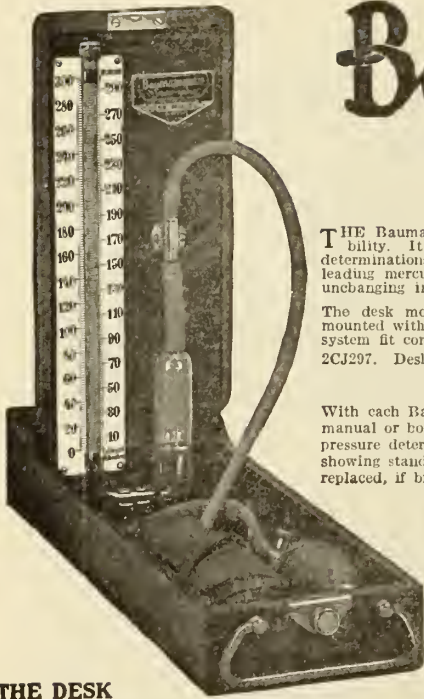
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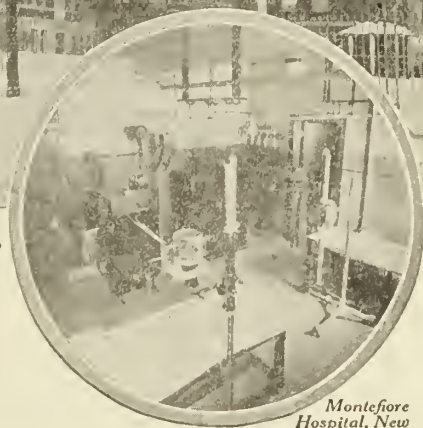
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APRIL, 1923.

No. 9

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### **\*THE CANCER CONTROL PROBLEM.**

By EDWARD H. RISLEY, M. D., Waterville, Me.

In presenting for your consideration the subject of "Cancer Control," I would feel that I was acting without proper consideration did I not at once take this opportunity to express to the medical men of Maine my hearty appreciation of the splendid co-operation that has been given the efforts of the Cancer Committee during the past winter. The support that we have received in our work has been most gratifying and has done a very great deal toward making the initial efforts of your committee a success.

It seems to me we are face to face at the present day with a tremendous problem, involving the definitely proven increase in death rate of a disease the cause of which is as yet undiscovered, a death rate which closely approaches 100,000 persons in the United States alone each year, and which is second only to tuberculosis and the infantile diseases, and which in the past few years has even exceeded the tuberculosis rate in some states.

It was formerly supposed that malignant disease was principally a disease of old age, but increasing familiarity with its various forms shows that it is not necessarily a disease of advanced years, but may also affect the young and economically valuable individual as well, and in them it is even more rapidly growing and fatal than in the elderly. Hence it is at once made to stand out as an economic problem of great magnitude, and it must from now on be looked upon in this light as well,

\*Paper read before Maine Medical Association, June, 1922.

and must be attacked as vigorously and as persistently as tuberculosis has been in the past.

I believe it is unnecessary to go further into figures and details to convince the medical profession that there is a crying need for immediate efforts to control this disease. That cancer control is possible I believe there is already ample evidence. And that control can probably be an accomplished fact in a much shorter time than it took to effect our present control over tuberculosis we believe is also true, because the public has already learned the value of such nation-wide educational health propaganda as that against tuberculosis, and the public mind is in a more receptive state towards such activities than it was ten years ago.

There exist to-day two distinct reasons why cancer control is bound to be a certain fact. One is, that the control of tuberculosis has practically already been accomplished to a large degree, and the second is, that a very definite result in cancer control of one region of the body has already been achieved by the work of one man in one single state in the Union.

When we look back on the ravages of tuberculosis only a very few years ago and then see the steadily diminishing mortality and morbidity rate of the present day, and then stop to realize that this was all brought about by the proper education of the public in regard to a few simple facts about the disease, we can, with these convincing facts in mind, easily look forward to the accomplishment of a similar result in regard to malignant disease. The public at large is becoming more eager each year to be educated in regard to health matters, more ready to co-operate in spreading information and in meeting the medical profession halfway in every health endeavor. In fact, the intelligent public is steadily *DEMANDING* more of the medical profession each year, and it therefore behooves us not only to help them overcome some of the old, ill-founded, but nevertheless deeply-rooted, superstitions and prejudices in regard to certain diseases, but also to look well to our own opinions and to see that we, too, are not in some respects behind the times in our attitude toward certain medical problems. We would believe, therefore, that the public mind is at the present time in the proper state in which to place before it our problem, and we feel sure of success because of what has gone before.

Now let us look for a moment at what has already been accomplished.

For the past ten years, Dr. J. C. Bloodgood, of Baltimore, has carried on, by his own personal efforts, an intensive campaign in Mary-



land regarding carcinoma of the lip, tongue and mouth, and in a recent letter to the editors of the *Journal of the American Medical Association* he states that he is already convinced that a greater improvement in the morbidity and mortality rate in cancer of this region can be obtained through education of the physician, the dentist, and the layman by the proper educational propaganda than by any possible improvement in operative technic or by the use of radium or X-ray. This is a most important and convincing announcement, coming as it does from a man like Bloodgood, and it is backed up by the following figures furnished by his extensive experience: He finds that the number of inoperable or hopeless cases coming to him for advice has been reduced from 48% to 19%; the number of operable and probably curable cases has increased from 3% to 23%, and that the number of benign lesions seen has increased from 3% to 48%, or thereabout. To me this is very convincing proof that actual control of cancer can be accomplished if we make a sustained effort over a reasonable period of time.

There is just one more reason why cancer control is possible, and that is the fundamental fact, which has been proven beyond the shadow of a doubt, that cancer is at first a *purely local*, and in no way a general or blood disease, and that, if removed early, it can be entirely cured.

So much for the reasons for our belief in the possibility of actual cancer control.

Let us now look a little more in detail into the ways in which this can be most speedily brought about from what has already been accomplished.

It would seem advisable to consider this question under:

1. Educational methods applying to the laity, and
2. The problem as it more particularly concerns the physician.

#### I. EDUCATIONAL METHODS.

Perhaps I can best treat this part of the subject by placing briefly before you what has already been accomplished in our own state during the past year, in order that you may then know what the possibilities are for the future.

Cancer control work in this state this year has been under the joint direction of a committee of three appointed by the State Medical Association and of a committee of nine representing the Maine Public Health Association. This latter committee, in order to give it as broad a scope as possible, contains the three members of the state committee, the Secretary of the State Board of Health, the Executive Secretary of the Maine Public Health Association, and the following lay members: the



head of the Maine Federation of Women's Clubs, the head of the Maine Nurses' Association, the head of the Maine Federation of Granges, and the head of the Maine Federation of Labor.

The object of this campaign has been to place the essential and *hopeful* facts about malignant disease before the largest possible number of lay audiences during the year, and through the agency of this last named committee this aim has largely been carried out. We have had the ready co-operation of these widely varying lay organizations, and the campaign has been carried on by means of the lecture and carefully prepared literature to groups of people in practically every walk in life throughout the state.

The problem of the lack of sufficient numbers of adequate speakers in all communities was met by your committee by the preparation of a standard lecture which was sent out to every physician in the state. In this way the facts given out to all classes of the laity were uniform in character, and were the accepted and proven facts about malignant disease, representing the consensus of opinion of large groups of thoughtful physicians rather than the more limited opinion of any one man. This plan alone did much to enhance the value of our work.

During the National Cancer Week, instituted by the American Society for the Control of Cancer, an effort to intensify the campaign was made throughout the state, and during that week the following valuable activities were carried out:

Large amounts of carefully prepared and standardized literature were distributed at every meeting and in every church in the state.

In Portland and Lewiston literature was translated into French and distributed to French audiences.

In Portland, also, at the suggestion of Dr. Marshall, the county chairman, the standard lecture was read before groups of employees in practically all the large department stores.

In Franklin County, even the doctors' wives, after being coached by their husbands, read the lecture before small groups of women in the churches, schools, etc. In Franklin County, also, literature was distributed by means of the R. F. D. to all those in the outlying districts of the county who could not be reached by the lecture.

In Houlton, a valuable feature was the speaking of one of the leading educators of the city on the educational value of such propaganda before a large mass meeting for the discussion of malignant disease.

The newspapers of the state co-operated heartily and produced many news articles and editorials of value. In Franklin County, the

standard lecture was printed practically in its entirety, and valuable suggestions given at the conclusion by the editor.

A limited number of lantern slides and a cancer "movie," "The Reward of Courage," was shown in a number of movie houses in connection with cancer talks.

These efforts were directed strictly toward the laity. Cancer talks have also been given, as last year, to practically all nurses in training, in both public and private hospitals throughout the state, and papers on the general subject of cancer have been presented at practically all of the county medical society meetings.

This, in a brief way, shows what has already been done, and indicates the line along which it is our intention of proceeding for the next three years, with all the intensity possible.

No one realizes better than we do that the object is finally accomplished in such movements only by the most persistent effort and repetition of facts and by the earnest and untiring efforts over a long period of time. We would take courage, however, from what we have so far seen (even in our own part of the state), of renewed interest as evidenced by the increased number of people seeking consultations about abnormal and particularly about pre-cancerous conditions, and we believe that what we have set out to do is likely to be accomplished.

The plan for the future is that of intensifying as much as possible the work already started. We want to see that every lay organization in the state has a standard lecture read to it, that every farm home in the rural districts shall receive literature on this subject, and that lectures be given to every possible group of people in the cities. We want to place the *hopeful* facts about cancer before every adult in the state within the next three years, and, if we can do this, we feel absolutely certain that the beginning of cancer control in this state is in sight.

So much for the methods of educating the public.

## II. THE PROBLEM AS IT CONCERNS THE PHYSICIAN.

Now let us turn to the perhaps even more important part of the subject, or the problem, as it more particularly concerns the physician.

In treating such a broad subject as cancer control, so many important phases present themselves for consideration that it is difficult, within the compass of one short paper, to treat all of them adequately. The discussion of the attitude of the general practitioner toward the campaign for cancer control, the question as to whether the general physician realizes the great importance of early diagnosis and the fatality of procrastination in suspected cases, the question of where the blame for

the present high mortality shall be placed, the great importance of complete physical examinations, both visual and digital in every case, and many other vital questions of a like nature, is not within my province to discuss, but I know that what I have not properly emphasized or what I have omitted will be more adequately brought to your attention by my colleague, Dr. Jackson, who will lead the discussion on this subject.

The questions may be asked, "Do we really know anything about cancer? Have the past fifteen years of research and massing of data from many thousands of cases shed any real light on this supposedly obscure subject?" The answer is decidedly in the affirmative. Many facts are at present available which help us materially in the efficient treatment of the cancer patient, and tend to place malignant disease in the list of the somewhat preventable diseases. We believe that cancer is neither hereditary, infectious, nor communicable, and that it is, at first, at any rate, a local and not a general disease. This is valuable information, for it means that if cancer is thoroughly removed surgically in its incipient stages, a cure can reasonably be expected.

This is the text of the sermon which the American Society for the Control of Cancer is endeavoring to preach throughout this country in order to influence people to seek aid very early, while relief is yet possible; to dispel from the public mind the idea of a certain doom connected with cancer, and to persuade both the layman and the physician to act as promptly as in acute appendicitis. It is delay that kills in this acute disease. It is delay that kills in cancer—not the surgeon, not the operation, but *DELAY*.

It is now generally believed that in the majority of cases cancer is caused by a chronic stimulative irritation—constant or intermittent, traumatic or chemical, perceptible or imperceptible—acting on the normal body cells. The importance of this belief is at once evident, not only as an incentive to the detection of more and more of the causative irritants, but as a means of greater efforts for prophylaxis. The greater the number of sources of irritation removed from the various parts of the body, the smaller will be the number of malignant lesions developing. We have, therefore, in this one bit of knowledge, a strong weapon in our efforts for cancer control.

We know that in each anatomical locality cancer differs in rapidity of growth and in its tendency to metastasis; that each such locality has its own natural cancer history; that in each instance it may be considered almost as a separate and distinct disease; that the mode of treatment must differ, and that widely different results from treatment must be expected.

It is essential to recognize certain definite principles in treating malignancy, and certain facts in regard to carcinoma in general. A very thorough appreciation is necessary of the types of carcinoma which metastasize and of those which do not; a knowledge of those that metastasize early and of those that do so late; a thorough acquaintance with the areas of lymphatic drainage and of the commonest sites of metastases; a knowledge of which tumor types are most likely to metastasize to bone and which to lungs, brain, or elsewhere; an appreciation of the fact that the same cell type of tumor may act differently in different body sites and in different individuals or at different ages. For instance, a contrast is seen in the behavior of the epithelial cell in localized growths of the skin, and of the same cell type in the cervix uteri, the former tending to remain more or less stationary, but the latter to grow more rapidly and invade and metastasize early. Cancer of the lip forms metastases to the regional lymphatics of the neck more slowly than does cancer of the tongue or floor of the mouth.

Cancer of the breast, especially of the cirrhosis type, metastasizes surprisingly early to the roots of the lungs and bony skeleton. So early are these metastases at times that on careful study they are often found to have occurred even before the disease has developed in the breast in sufficient size to be appreciated by the patient, the primary focus only being later discovered after the demonstration of the secondary area which caused the first symptoms. This one bit of knowledge in regard to cancer of the breast alone should make one very reluctant to do a radical dissection and amputation before first having subjected his patient to a thorough X-ray examination of the thorax, vertebræ and ribs, where early metastases are so commonly found. The surgeon who does this as a routine will save many a patient from the major mutilating but entirely futile operation. Carcinoma of the breast is classed among the superficial or easily palpable and easily detected types of malignancy, and yet there are probably more errors in diagnosis, more foolish procrastination on the part of the patient, more *DELAY* in seeking surgical consultation, earlier extension of the disease, and consequently more futile surgery done for this disease than in almost any other region of the body, not excepting even the uterus and rectum.

Up to within very recently, the inoperable case of carcinoma was the hopeless case, of which both the general practitioner and the surgeon quickly washed their hands after thoughtlessly prescribing enough morphine to make the patient comfortable. The practical standardization of operations for carcinoma in the various regions of the body, the larger and larger acquaintance with and efforts to alleviate inoperable

conditions of malignancy, the recent rapid advances made in treatment by radium and X-ray, give the surgeon or the clinic who has worked extensively with this type of case weapons with which to combat inoperable malignancy, which is far more efficient than is generally known. The general surgeon operates too many border-line cases (which quickly recur or are stirred up into metastases), which would better have been treated by local palliative surgery and radiation.

It is probably true that more real harm is done, and the surgery of malignant disease brought into disrepute, by inadequate or palliative surgery in cancer of the breast than by operations on any other part of the body. This is especially true when we consider the patient who comes from the small rural community with inoperable cancer of the breast. The physical impairments of one's neighbors are often known to be a subject of local gossip in such communities. If the surgeon, without thought of the consequences, does a palliative operation in such a case, removing the visible evidence of disease only, and the patient returns to her home only to have rapid and fatal continuance or recurrence of her disease, the news of one more surgical failure in this particular class of case quickly spreads, and much more harm than good is done. The surgeon must distinguish clearly between the operable case and the case of border-line operability; he must avoid doing needless surgery on the border-line or inoperable case; but, on the other hand, he must be ready to do palliative surgery and then to follow this by the appropriate non-surgical treatment.

If the surgeon feels himself called upon to do a palliative operation, it should be accompanied by so clear a statement that it is palliative, and palliative only, that there can be a less chance of bringing surgery into disrepute. He will also be doing a great service in this way in the education of the public in regard to inoperable carcinoma. It is further believed that when palliative surgery is combined with some other form of non-surgical treatment, such as radiation, such misunderstandings in regard to the efficiency of surgery are less apt to arise, and the public will soon understand that certain cases are inoperable because advice was sought too late, but also that there do exist certain well-defined means which it is understood do not cure, but do, on the other hand, accomplish much that it worth while in the way of alleviation of symptoms. This is one of the important facts which it is necessary to teach the public in regard to cancer. In this way the public will be educated up to placing proper reliance on palliative methods and to appreciating that failures to cure are not always the surgeon's fault, and that surgery has a very efficient handmaiden in other non-surgical



methods, a combination of the two often producing results not at all to be expected from either alone.

There exist certain outstanding flaws in our treatment of malignancy which are overlooked or not thoroughly appreciated, but which it is believed would considerably improve our results, especially in the border-line or inoperable cases, if they were fully appreciated and applied in all cases. We believe they form a definite part of the cancer control problem.

The surgeon who operates any case of malignancy and fails to follow out the standard methods for the region affected, who fails to examine his patient for recurrence early and repeatedly, who does not follow up his operation by radiation, or who does not submit the specimen removed for pathological examination in order that he may not only know whether or not he is dealing with malignancy, but with exactly what type and character of growth he has removed, has failed largely in his duty to his patient, his consultant, and to the larger cause of cancer control. Much of the failure of surgery to-day in malignant disease is due, not to the supposed inherent incurability of the disease, but to the failure to diagnose and operate early, and also to the failure of the surgeon to avail himself of every possible means at hand to safeguard his operation by the employment, in addition to his radical surgical dissection, of all of these well-recognized, non-surgical aids to the treatment of cancer. Cases of carcinoma formerly looked upon as hopeless are now approached with a real scientific interest, with a knowledge that we have in our hands certain well-tried-out and efficient methods of treatment which, if properly and understandingly used, are certain to give most encouraging and definite results.

A careful consideration of pre-cancerous conditions is only just lately effecting a decided change in our attitude toward the treatment of carcinoma, and especially of the cervix uteri. Efforts at educating the lay public have already accomplished much toward teaching women that excessive or irregular flowing at the time of the menopause is not necessarily a normal condition, and more and more women are seeking advice each year in regard to this particular phase of their life. This has done much to increase the number of early diagnosed cases and hence early operation and surgical cures. But it is also the surgeon's duty to look with suspicion on all erosions, ulcerations, lacerations, hypertrophies, or polyps of the cervix which do not respond readily to the appropriate treatment, and to urge their early and proper surgical treatment before the possible malignant degeneration takes place. If all such lesions of any resistance or degree of chronicity are surgically

removed and the specimen submitted to the pathologist, undoubtedly many beginning malignant lesions will be discovered, the radical operation then done, and a satisfactory surgical cure effected. In this way primary mortality will be reduced, more permanent cures effected, the surgery of this region—because it is progressive and backed up by adequate pathological studies—will gain in value in the estimation of the lay public, and in this way will further justify its position in the treatment of this disease; the percentage of operability of cases (now shockingly low) will be greatly increased, and the number of permanent cures correspondingly increased. Precancerous lesions in other parts of the body should equally excite our interest and suspicion and should be looked for in every examination of a patient, not only when considering special regions of the body, but also in making our general physical examination.

Regarding lesions in the mouth caused by a ragged tooth or improperly fitting dental plate, there may often be considerable doubt, especially as these erosions may often be complicated by a positive Wasserman reaction. If the Wasserman reaction is negative and the removal of the offending tooth or plate does not result in the rapid disappearance of the ulceration or swelling, a diagnosis of early malignancy should probably be made and radium treatment or surgical removal advocated, our decision being based on the same factors as those applying to lesions on the lip, with the exception that lesions in the floor of the mouth or side of the cheek may be distinctly inoperable, even when early, because of extent or location. Should the Wasserman reaction be positive, the possibility of the lesion being essentially malignant is not to be ruled out, as a great many mouth lesions are known to be grafted on syphilitic base, and should be considered from the point of view of the treatment of malignancy rather than of syphilis. The lesion should, if possible under these circumstances, be treated by the proper surgical removal if it does not respond immediately to the proper anti-specific treatment.

This brings up the subject of the permissibility of the exploratory operation in doubtful cases of malignancy. It is recognized that there is a definite danger in cutting into a suspected malignant disease for diagnosis without being prepared to at once do a complete excision should frozen section diagnosis show the area to be malignant. It is, however, permissible, and our larger hospitals and many of our most careful surgeons are now equipped to carry out the exploratory operation properly safeguarded. In such cases the local excision should be done, not with the knife, but with the actual cautery, which seals off the

lymphatic drainage canals and thus prevents the possible immediate dissemination of the disease. It is also now recognized that the cautery has a very definite place in the radical excision of carcinoma, especially in the gastro-intestinal tract. It is also perhaps the method of choice in doing certain palliative operations in seemingly inoperable growths, or when there is a definite contraindication in the patient's general condition to a radical operation in the distinctly operable case. It should, therefore, be permissible in such situations as superficial lesions of the skin, marginal mucous membrane, vulva, vagina, cervix, rectum, and penis, to secure with the cautery knife a specimen for immediate frozen section diagnosis, provided one is prepared to do the radical operation at the same sitting should the lesion prove to be malignant.

Looking at the problem of cancer control broadly, and with a due consideration of the many phases of the disease to be taken into consideration in order to bring about a successful outcome, it would almost seem that there was a definite field for the surgeon or clinic of malignant disease, and a place in every community for the specialist or clinic in the treatment, particularly of the inoperable forms of the disease. When the physician and surgeon both recognize that there are details in the treatment of malignancy beyond its mere surgical removal, and that a pretty definite line of treatment can be outlined for each individual case which will be productive of results superior to those now obtained by operation alone, our results in the treatment of malignancy will be vastly superior to what they are now.

We would like to see cancer clinics established in such cities as Portland, Bangor, Lewiston, and in every smaller city where adequate hospital and X-ray facilities are available. We would also like to see one hundred women from the ages of 40 to 60 kept under observation in each of these clinics for a period of five years, in order that a thorough physical examination twice a year might be the means of detecting the onset of any possible malignant condition and the appropriate prophylactic treatment instituted. We are firmly of the belief that prophylaxis in malignant disease is just as important as it is in any other disease, and that when this is really established cancer control will be an actual fact.

THE PRESIDENT: The valuable paper of Dr. Risley is now open for discussion.

DR. CARL M. ROBINSON: Mr. President, I think one chief difficulty which we run up against in the control of malignant disease is the one-sided opinion of the medical men. Each has his own ideas as to

how cancer should be treated. If a man happens to be a surgeon, surgery is the only desirable thing. If he is an X-ray man, the X-ray is the desirable form of treatment; and we have little tolerance for forms of treatment which we are not ourselves equipped to use. We scoff at the paste treatment, and yet occasionally that treatment is adequate. Hardly anyone would take the responsibility of saying that any specific case should be treated with paste. I have under my care at the present time two patients with recurrent carcinoma following paste treatment for lesion on the lip. One of them has a hopeless mass of glands under the chin, but no recurrence locally. Now, that paste treatment was just exactly as adequate as taking out a V surgically, and not doing anything to the neck. The other case is a recurrence locally after paste treatment had ceased, and no glands in the neck. A paste will probably remove some things, but it is not a safe method, as you know. A lot of pre-cancerous things on the face can be controlled by carbon dioxide. We scoff at serum treatment, much of which is absolutely inadequate, and yet we all admit that in certain forms of sarcoma, Coley's serum does help. There are cures reported, of course, but only in a small number of cases is definite cure noted.

As for medical treatment, we say cancer is a surgical disease. It is primarily a surgical disease, but much can be done for the patient. Much can be done in correcting a patient's habits of living, and much can be done in a palliative way with medicine and directing their method of living. Surgery has been our one hope in malignant disease and it still is to-day, but surgery must be adequate surgery. Cancer of the lip, if treated surgically, demands intensive dissection. Cancer of the uterus, of the cervix, if treated surgically, requires an extensive operation. The difference between a case of cancer of the cervix, or cancer of the breast, which is operable and a case which is curable by operation, is very marked. Any number of cases of cancer of the uterus will stand operation. They will leave the hospital and possibly pick up a little in health, and that is called an operable case, but the case may die in three months simply from the fact that you have stirred up the growth more by operating on it than you would if you had simply cauterized the growth and admitted that it was beyond surgical cure.

Electrocoagulation has added another form of surgery to our means of fighting the disease. With electric coagulation very extensive dissections may be made of the jaw, neck and superior maxillary which are practically impossible by the old surgical methods of cold knife dissection. The X-ray will do things which surgery will not. Radium

will do things which surgery will not. We have all these factors which should be used intelligently for the control of this disease.

Just a half minute on the care of inoperable cases, and I want to repeat what I said about the inoperable case and case curable by operation. Cautery in cancer of the cervix is probably the most easily available and will give marked palliation. Radium gives a certain number of apparent cures and marked alleviation of symptoms in the large majority of cases. Then there comes a case where there are sloughing masses in which acetone or formalin or something of that kind should follow your cauterization. And last of all is the case that is so extensive through the vaginal walls, where a constant foul, stinking discharge is a constant symptom. That cannot be treated with acetone or formalin on account of the marked irritation of those agents. If that case is treated with bacteria or yeast or something of that type, a marked alleviation from the foul discharge will be secured. Ordinary Fleischmann's yeast, or something like that, made into a thin paste and applied, may go far to make life tolerable for the patient. [Applause.]

THE PRESIDENT: Is there any further discussion? [No response.]  
Dr. Risley, will you say a word in answer?

DR. RISLEY: I have nothing to add, sir.



## *Correspondence.*

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HOULTON, ME., March 21st, 1923.

JOURNAL MAINE MEDICAL ASSOCIATION :

*Dear Editor:*—It has been definitely settled that the Maine and New Brunswick Medical Associations will meet in Houlton, Me., June 5th, 6th and 7th, 1923. Let each member of our state society bear the date and place in mind, and let none remain away for fear that accommodation may be inadequate. Our hotels, of course, will not be large enough, but our homes will be open, and everyone will be welcome. Letters, with return cards, will soon be sent out to all our members, and those who contemplate attending will please sign and return the same to Dr. F. W. Mitchell, Houlton, Me., who has charge of the entertainment feature of the program. Let everyone possible come and make the 1923 meeting a success. The Aroostook County Medical Society will do everything in its power to contribute to your comfort, and the citizens of Houlton will give you a royal reception. Everybody come!

For the County Committee,

FRED W. MANN,  
*Chairman.*

*To the Readers of the MAINE MEDICAL JOURNAL:*

California invites you to attend the American Medical Association Convention in San Francisco, June 25 to June 29, 1923. You are also invited, with your families and friends, to attend the California State Medical Association meeting in the same city the Friday and Saturday before the American Medical Association holds its convention.

Members of the Maine Medical Association, in particular, are urged to attend the convention and to spend their vacation in California. Through contact with various financial, civic, tourist and automobile agencies we are prepared, upon request, to assist you in planning your trip, in making you comfortable while at the convention, in arranging side trips of any length or character, and in any other way acting as your host while in our state.

We are now making arrangements for a number of automobile caravans from eastern points to San Francisco. From early information it seems that this is going to be a popular method of crossing the continent. If you and your friends desire to come by automobile, con-

municate with us and we will assist you from the moment you leave home until you get back. If you plan to come in any other way, write to us, and we will be glad to help you with your arrangements. You are requested to write to Dr. W. E. Musgrave, 806-9 Balboa Bldg., San Francisco, for any information of whatever character about this convention, or about vacation opportunities anywhere in California.

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## *County News and Notes.*

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### ANDROSCOGGIN.

#### ANDROSCOGGIN COUNTY MEDICAL SOCIETY.

The regular meeting of the Androscoggin County Medical Society was held at the Cushman & Hollis Cafeteria, Auburn, Me., March 13, 1923.

The meeting was called to order by Dr. John Sturgis, the President. The Bowdoin Alumni Club was present.

Records of previous meeting not read.

Dr. W. Russell MacAusland, orthopedic surgeon, of Boston, gave a very interesting lecture on arthritis from a surgical standpoint. Dr. W. E. Preble, of Boston, also spoke on arthritis from a medical standpoint.

There were present: Drs. J. Sturgis, E. V. Call, Gauvreau, Pelletier, Roy, Desaulniers, O'Connell, Bartlett, Goodwin, Lee, B. Russell, Grant, Randall, Fahey, H. Carcelon, Cushman, Bolster, Buker, Plummer, Dupras, Peasley, W. Webber, Haskell, Renwick, Chaffers, Leathers, W. Garcelon, Barrell, Twaddle and Dumont.

L. J. DUMONT, M. D., *Secretary.*

The regular monthly meeting of the Androscoggin County Medical Society was held at the Dewitt Hotel, Lewiston, Me., April 10, 1923.

The meeting was called to order by Dr. J. Sturgis, the President.

Dr. D. Crosby Greene, of Boston, gave a very interesting talk on "Cancer of the Larynx."

Drs. Sturgis, Fitzmaurice and Gerrish were appointed delegates to attend the meeting to be held in Houlton, Maine, June 5, 6, 7.

Dr. H. Garcelon moved that the association send flowers to Dr. W. H. Hawkins, together with best wishes for recovery. Dr. Webber seconded the motion, which was voted upon unanimously.

There were present: Drs. S. Fisher, of Portland; Wm. Ellingwood, of Rockland; D. C. Greene, the speaker; J. Sturgis, Cushman, Pennell, Fahey, Lee, Call, Buker, Fitzmaurice, H. Garcelon, Desaulniers, Plummer, Dupras, Bolster, W. Webber, Cunningham, Sawyer, B. Russell, Girouard, Chaffers, Miller, Grant, Andrews, Twaddle, Randall, Pierce, Renwick, Haskell, Marston, Higgins, Dumont.

L. J. DUMONT, M. D., *Secretary*.

## YORK.

### YORK COUNTY MEDICAL SOCIETY.

The January meeting of the York County Medical Society was such an interesting one that the Secretary will report it, even at this late date, and he hereby expresses his regrets that there has been such a delay.

The meeting was held on January 4th, in the City Building, Biddeford, Dr. A. G. Wiley, Bar Mills, the President, presiding. It should be noted at this point that Dr. Wiley drove fifteen miles, in a blizzard, and shoveled considerable snow, in order to attend the meeting.

The report of Dr. C. G. Dennett, Saco, was as follows:

Balance in treasury, January, 1922,	\$147.64
Receipts, 1922,	315.00
	<hr/>
	\$462.64
Expended, 1922,	317.83
	<hr/>
Balance in treasury, January, 1923,	\$144.81

Drs. J. A. Randall, Old Orchard, J. D. Haley and C. G. Dennett, Saco, were appointed a committee on nomination, and they reported as follows:

President—Dr. D. E. Dolloff, Biddeford.

Vice-President—Dr. G. R. Love, Saco.

Secretary—Dr. A. L. Jones, Old Orchard.

Treasurer—Dr. C. W. Blagden, Sanford.

Board of Censors (three years)—Dr. M. H. Ferguson, Biddeford.

Delegate to Maine Medical Association (three years)—Dr. P. S. Hill, Saco.

These nominees were elected.

Dinner was enjoyed at Hotel Thacher at 1.00 o'clock.

The afternoon session was opened at 2.00 o'clock, Dr. Dolloff presiding. He appointed as members of the Committee on Public Health

and Legislation, Drs. A. G. Wiley, Bar Mills, A. J. Stimpson, Kennebunk, C. G. Dennett, Saco.

Dr. Wiley gave an interesting talk relative to cancer, and advocated the establishing of a cancer clinic in York County.

Dr. L. T. Snipe, of Bath, President of the Maine Medical Association, presented some valuable ideas concerning "State Organization and Legislation."

Dr. J. L. Pepper, South Portland, District Health Officer, spoke briefly with regard to controlling epidemics, and some phases of the work of the State Department of Health.

Several of the members participated in the discussion of the various subjects presented, and it proved to be instructive and profitable to all present.

The following physicians attended, notwithstanding the inclemency of the weather and heavy snowfall: L. T. Snipe, Bath; John L. Pepper, South Portland; A. G. Wiley, Bar Mills; C. W. Blagden, Sanford; A. J. Stimpson, Kennebunk; J. D. Haley, G. R. Love, C. G. Dennett, Saco; C. J. Emery, M. H. Ferguson, F. E. Small, D. E. Dolloff, C. F. Traynor, Biddeford; J. A. Randall, A. L. Jones, Old Orchard.

ARTHUR L. JONES, *Secretary*.

## *Notes.*

### UNION MEETING OF THE MAINE AND NEW BRUNSWICK MEDICAL SOCIETIES.

HOULTON, JUNE 5, 6, 7.

2.00 P. M.

Business meeting of New Brunswick Association at Woodstock, N. B.

7.30 P. M.

Meeting of the Maine House of Delegates and Council at the Court House, Houlton.

9.00 A. M.

Meeting at the Elks Club Rooms.

1. "Who Should Practice Medicine in Maine,"

Hon. Charles P. Barnes, Houlton

2. "Acrodynia,"

Dr. W. E. Rowley, St. John, N. B.

3. "The Septic Ear,"

Dr. W. D. Rankine, Woodstock, N. B.

4. "Cervical Lacerations, and That Symptom Leuporrhœa,"

Dr. Adam P. Leighton, Portland

12.00 M.

Eye and Ear Association Meeting.

1.30 P. M.

5. President's Address,

Dr. Langdon T. Snipe, Bath

6. "Hematuria a Symptom,"

Dr. David W. MacKenzie, Montreal

7. "Digestive Disturbances in the Bottle-Fed Infant,"

Dr. Albert E. Fellows, Bangor

3.00 P. M.

Cars leave for Aroostook tour.

6.00 P. M.

Banquet at Plymouth Hotel, Fort Fairfield.

Address, "The Physician of the Future,"

Dr. Eugene R. Kelley, Health Commissioner of Massachusetts

LADIES.

3.00 to 5.00 P. M.

Reception.

7.00 P. M.

Guests of the Aroostook Society at Temple Theatre.



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*ANNA SHEPARD, R. N.*

THURSDAY, JUNE 7TH.

9.00 A. M.

Meeting at the Elks Club Rooms.

1.30 P. M.

5. President's Address, Dr. S. H. McDonald, St. John

6. "Some French Viewpoints on Pain in the McBurney Region,"

Dr. Raymond Landry, Moncton, N. B.

3.00 P. M.

Cars leave for a drive down the St. John River.

6.00 P. M.

Dinner at Island Park, Woodstock, N. B.

Address,

Hon. W. F. Roberts, M. P. P., M. D.

LADIES.

9.30 A. M.

Leave for a tour of Aroostook, having dinner at the Vaughn House,  
 Caribou, returning via the St. John River. Tea at  
 Golf Club, Woodstock, N. B.

**NOTICE.**

The United States Civil Service Commission announces the following open competitive examination: Junior Medical Officer and Assistant Medical Officer (Roentgenology, Psychiatry); Medical Officer (Tuberculosis, Neuropsychiatry, Internal Medicine and Diagnosis, Physiotherapy).

Applications will be rated as received until the close of business on July 3.

The examinations are to fill positions in the Indian Service, the Coast and Geodetic Survey, the Public Health Service and the Veterans' Bureau.

Competitors will not be required to report for examination at any place, but will be rated on the subjects of education and training, weighted at 30%, and experience, weighted at 70%.

Definite specifications as to education and experience requirements, and salaries and allowances, are given in the printed announcement, which will be furnished upon request, and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C., or Secretary of the Board of U. S. Civil Service Examiners at the post office or custom house in any city.

### NEW AND NON-OFFICIAL REMEDIES.

During March the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-official Remedies:

Abbott Laboratories:

Sulpharsphenamine—Abbott.

Borcherdt Malt Extract Co.:

Borcherdt's Cod Liver Oil and Iron Iodide.

E. R. Squibb & Sons:

Sulpharsphenamine—Squibb.

Non-proprietary Article:

Sulpharsphenamine.

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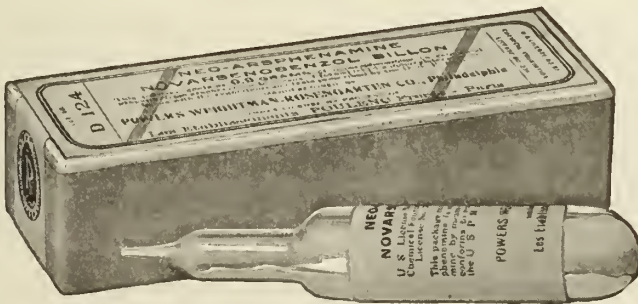
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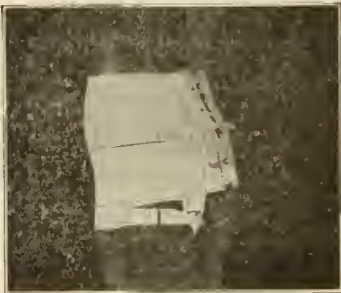
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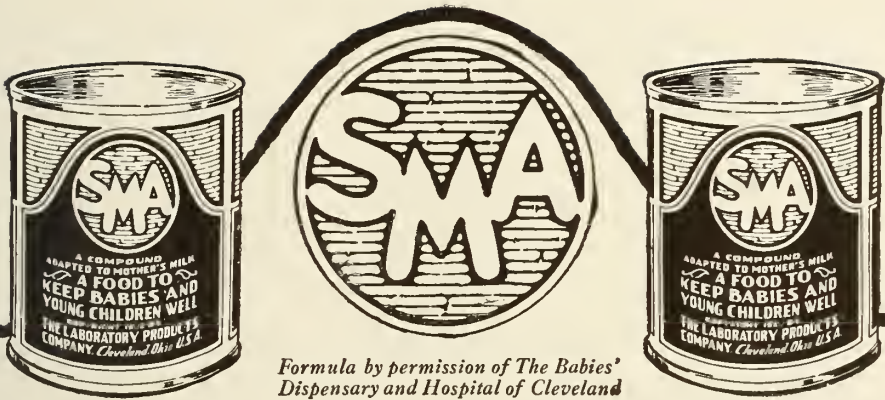
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VOL. XIII.

MAY, 1923.

No. 10

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### SECRETARY'S REPORT.

Each year the work of the Secretary increases in volume. During the past year he has visited nine of the county societies and has done what he could to keep them in touch with the work and policies of the Association.

We have held two well-attended meetings of officers and Secretaries, one at Augusta in August, the other in Portland in January. Two trips were made to Augusta to assist the President and Legislative Committee at the different hearings, besides many personal and telephone conferences with officers and members of the Legislature.

In November the meeting of State Secretaries was attended in Chicago. This meeting has become a very important one. It is now a general forum of national officers and State Secretaries where all matters pertaining to the policy and welfare of the state and national associations are freely discussed.

The keeping and constant revising of the membership roll consumes a large amount of time, and it has been found necessary to turn over the greater part of this work to a stenographer. A list of members was published in January and has been of great assistance in checking up the county members and furnishing lists to the various insurance agents for the solicitation of indemnity insurance. This list will be an annual necessity in the future.

There has been an unusually large amount of correspondence with the national association, and in connection with medical defense and



routine, state and county work. If properly attended to these communications are bound to increase. This year over two thousand pieces of addressed mail have been sent from this office, and still all has not been done that should have been for the best good of the Association.

During the year the work of the Association has been divided into three chief divisions, Medical Defense, Medical Legislation and Public Health.

#### MEDICAL DEFENCE.

Medical defense now has been in operation for three years. During the first year little was done beyond organization. The real work of defense did not start until the beginning of the second year, so we can say that during the last two years seventeen suits or threatened suits have been brought to the attention of the committee. Some of these have entailed considerable work in their adjustment.

Most of these suits will never come to trial. Four have been settled outside, four are pending, two have gone to trial. One of these was won, the other lost entirely against the preponderance of evidence. There is every reason to believe that there have been several other threatened suits which have either been dropped or settled without having been referred to us.

The total cost for defense to date May 1st, 1923, has been \$1,859.66, of which \$1,678.75 has been for attorney fees. In the case won the physician carried no insurance and the full expense came on the Association. In the four suits pending, three carried no insurance at the time the act occurred. One of these goes on trial this month, May.

One year ago the defense committee made arrangements for indemnity insurance with an old line company, at a very reasonable rate. At the present time two-thirds of the members are insured, an increase of nearly one hundred during the present year. At this time of multiplicity of suits, for the most part purely actions of blackmail, we believe that it is just as imperative that a physician carry indemnity insurance to protect his business as fire insurance to protect his home. Not only is it a necessary safeguard for himself, but it relieves the Association from the greater part of the expense of conducting his defense. It is hardly fair for those members who are protecting themselves to be assessed in addition for the protection of those who are negligent in looking out for their own welfare. Possibly some provision should be considered by which those unwilling to protect themselves should assume their just share of the expense if they wish the full benefit of defense.



## PUBLIC HEALTH.

During the past year there has been an increasing activity of state associations in public health work. This work should be to a great extent supervised by organized physicians, or at least in an advisory capacity. In following out our own program a majority of the county societies have appointed health and public relation committees, and many have become very active in their county work.

The Committee on Cancer has done excellent work and will continue during the coming year its county organizations through the county benefit committees and in co-operation with the Maine Public Health Association.

There has just been issued in the Bulletin of the American Medical Association blanks and directions for carrying on periodic medical examinations. As soon as available, these will be sent to the health committees of county societies for their consideration. There will soon be a demand on the physicians to make these examinations, and we should be equipped and prepared to carry them out properly.

Every county society should hold at least one health meeting each year, when all those doing health work in the community, both nurses and physicians, should be asked to be present and report. Very few physicians are familiar with the amount or the importance of the work being carried on in their own county.

The Association co-operated in holding a very successful medical and health clinic at Lewiston last August. These clinics are receiving very favorable mention and have been copied in other states. Two or more should be held this year.

At the annual meeting in Houlton, Dr. Eugene Kelley, Health Commissioner of Massachusetts, and Dr. W. F. Roberts, Health Commissioner of Canada, will speak.

## MEDICAL LEGISLATION.

A definite policy of legislation should be planned during the coming year, and a strong committee organized to report at the next meeting a plan for a campaign previous to the next meeting of the Legislature. A united effort will be necessary if we are to accomplish anything in this work.

An excellent preliminary examination bill, patterned after the Tennessee law, was drawn and presented at the last Legislature. No special attempt was made to push it. While the Judiciary Committee voted it ought not to pass, a different showing can be made next term if there is sufficient preliminary work. Bills along the same lines were

presented to at least two other legislatures during the year. A committee should be appointed in every county to assist in moulding public opinion, and the campaign should start early.

The Osteopathic bill, permitting the Osteopathic Board to license the members of their cult to practice surgery and obstetrics and to give all drugs necessary for this work, was defeated at the last moment in the Senate and died between the two houses. No doubt this will come up again next session. We have no objection to the practice of the cult, but we do object to their doing medical and surgical work without passing the medical board.

The Chiropractors succeeded in getting their board of examiners, but the qualifications of admission are fairly high, and if the standards are kept up by the examiners it should at least keep a lot of six weeks' men from coming into the state.

A new cult, called the Naturopaths, were denied an examining board.

Almost every year some new cult will come forward asking for recognition, and unless some plan along the lines of a lay preliminary examining board can be worked out satisfactory to all, with a standard high enough to protect the public from charlatans and quacks, the profession is up against an endless job with endless expense. Every one should read this bill published in this number of the *Journal* and should come to the meeting prepared to discuss it and make suggestions.

There should be more workers and fewer knockers in the Association. The work has become so great that a few cannot carry the whole burden. Sooner or later a full-time lay Secretary must be considered, and the dues greatly increased, if we are to do business on a business basis. Your home state and county societies are the organizations which must look after your personal interests, and they must be made as strong and active as possible.

BERTRAM L. BRYANT, *Secretary*.

## COUNCIL REPORTS.

### FIRST DISTRICT.

PORTLAND, MAINE, April 24, 1923.

DR. B. L. BRYANT,

SEC. MAINE MEDICAL ASSOCIATION.

*My dear Doctor:*—I have to present to you the following report as Councilor of the First District of Maine.

I attended the York County Medical Meeting on Oct. 12, 1922, at Sanford. Dr. Adam Leighton, of Portland, gave an address on

"Medical Licensure," and an interesting general discussion followed in regard to the duty and dignity of the Maine Medical Association in further appearance before Legislative Committees. A committee was chosen to report later on the definite views of this society in regard to opposing cult legislation at Augusta. Twenty-four members were present. The annual meeting at Biddeford was interrupted by one of our winter blizzards. The York County Association is in good vigorous condition.

The Cumberland County Association is now expected to hold quarterly meetings only. The October meeting kept up the high standard of program and an attendance of over one hundred. The December meeting was postponed and re-postponed. The tremendous and unexpected burden of illness among patients and doctors themselves has seriously interfered with the attendance at the two last meetings. We suffered a great loss in the death of Dr. John F. Thompson, who always gave his great influence and personality to the County Association. Our membership is now one hundred and ninety-six, with six new members and loss by death and resignation eight.

Respectfully submitted,

C. B. SYLVESTER.

#### SECOND DISTRICT.

LEWISTON, MAINE, April 11, 1923.

B. L. BRYANT,

SECRETARY MAINE MEDICAL ASSOCIATION,

BANGOR, MAINE.

Your councilor from the Second District wishes to submit the following report of the Androscoggin County Medical Association for the years 1922 and 1923.

At present we have sixty-nine active members. Dr. H. H. Clark was transferred during the year to Cumberland County. Dr. H. J. Webber and Dr. H. S. Sleeper have died. We have taken in as new members six, Dr. E. N. Giguere, Dr. E. C. Higgins, Dr. W. S. Garcelon, of Lewiston, Dr. A. L. Grant and Dr. G. W. Twaddle, of Auburn and Dr. L. E. Burr, of Lisbon Falls.

We have held ten meetings, at seven of which men from out of town addressed us. Dr. E. Place, of Boston, spoke on "The Prevention and Treatment of Diphtheria and Scarlet Fever;" Dr. Van V. Hayes, of New York, gave an illustrated lecture on "Investigation and Management of Cases of Suspected Cancer of Stomach;" Dr. E. H. Nichols, of Boston, spoke on "Head Injuries and Fractures of Skull;" Dr. C. Frothingham, of Boston, spoke on "Irregularities and Treat-

ment of the Heart ;" Dr. Kendall explained the Sheppard-Towner Bill; Dr. Russell Macausland, orthopedic surgeon of Boston, spoke on "Arthritis" from a surgical standpoint and Dr. W. E. Preble, of Boston, on the Medical standpoint; April 10th, Dr. Green, of Boston, spoke on "Cancer of the Larynx."

This has been our best year and all matters within have been and are now in a most harmonious condition.

Yours sincerely,

E. V. CALL.

#### THIRD DISTRICT.

BATH, MAINE, April 19, 1923.

DR. B. L. BRYANT,  
BANGOR, MAINE.

*My dear Doctor:*—In reporting as Councilor for this district I have nothing of special interest to say.

We have not had as many meetings of the Sagadahoc County Society as we planned, due to the unsatisfactory traveling conditions this past winter, but the interest is satisfactory. There is an exceptionally friendly feeling among the men of the association.

The Councilor for this district has visited the Knox County Association once. They are in excellent shape and take a keen interest in the transactions of the Maine Medical Association. They have profited in an exceptional degree by the distinguished colleagues from other states who vacation in their vicinity.

Very truly yours,

W. E. KERSHNER.

#### FOURTH DISTRICT.

WINTHROP, MAINE, April 28, 1923.

DR. B. L. BRYANT, SECRETARY,  
MAINE MEDICAL ASSOCIATION,  
BANGOR, MAINE.

*Dear Doctor:*—In submitting to you my third annual report as Councilor from the Fourth District I will say that the societies of Kennebec and Somerset have been very active during the past year, but Waldo has been negligent as to meetings, having held none to my knowledge, although I wrote the Secretary once regarding one and he promised to notify me when they held their annual meeting. I hope to arrange for one before June.

Yours truly,

F. H. BADGER.

## FIFTH DISTRICT.

The report of the Councilor of the Fifth District will be very brief, in view of the fact that the traveling conditions of the past winter have made it impossible to have the scheduled meetings of the societies.

The annual meeting of the Hancock County Medical Society was postponed until May 16th.

A District Health Committee was appointed the first of the year.

In regard to certain legislative matters of interest to the profession, it was very gratifying that the members of the different societies of this district immediately took up the question with their senators and representatives, and they, in turn, did what was possible to block the progress of the Osteopath and Chiropractic bill.

Programs for the spring meetings are being arranged by the secretaries.

WALTER J. GILBERT, M. D.

**REPORT OF LEGISLATIVE COMMITTEE.**

It was the consensus of opinion that some kind of a new medical bill should be prepared for this year. The thought on which your committee worked was to have prepared an Act relating to all who would practice the "healing art," which would require a uniform standard in examination. Such a bill was prepared and presented at a meeting of officers of the Association. After going over the matter carefully, it was thought inadvisable to introduce it, as such, into the Legislature of 1923, and your committee so acted. The bill is now in our hands and may be of assistance at some future date. Many physicians were interested in the matter of a lay board, whose duty would be to examine all applicants who would practice the "healing art" in matters of preliminary education, with the idea that there should be certain minimum requirements for all. Such a bill was prepared and presented at a meeting of the officers of the Association. This bill was considered favorably, was introduced into Legislature, came to hearing before the Judiciary Committee and was reported, "Ought not to pass." The report was accepted. The chief objection to this bill was that it created another board, and that it might "pinch hard" in certain places. We are presenting this bill in this report for your study, with the hope that it may be some stimulus to suggestion.

A bill creating a "Board of Examiners" in chiropractic was introduced this year, received favorable consideration, and was passed to be enacted. This bill is much like the present osteopathic regulation, with slightly lower requirements at present. A bill was introduced,



the purport of which was to legalize the practice of surgery and obstetrics by osteopaths. This failed in passage. "Naturopathy" came to hearing before the Judiciary Committee, to establish a "Board of Examiners." This failed.

The foregoing facts, *per se*, would seem to point the way. For all who would practice the "healing art," ought there not to be certain definite, uniform, minimum requirements, one examining board, with proper representation in its membership?

For valuable assistance and suggestions, this committee desires to thank Dr. Adam P. Leighton, Jr., of Portland; our Secretary, Dr. B. L. Bryant, of Bangor; our President, Dr. Langdon T. Snipe, of Bath; and all the officers of the Association.

Signed,

L. P. GERRISH, M. D., *Chairman*,

G. R. CAMPBELL, M. D.,

J. B. DRUMMOND, M. D.

#### PRELIMINARY EXAMINATION BILL.

##### STATE OF MAINE.

In the year of Our Lord One Thousand Nine Hundred and Twenty-Three.

AN ACT to create a State Board of Preliminary Examination and Prescribing its Powers and Duties.

*Be it enacted by the People of the State of Maine, as follows:*

SECTION 1. The Governor, with the advice and consent of the Council, shall appoint prior to the first day of August, 1923, a board of preliminary examination, consisting of five educators of recognized standing, residents in the state, to be selected from the faculties of the colleges in the state. The members of said board shall hold office, one for the period of one year, one for two years, one for three years, one for four years, and one for five years, and all members shall continue in office until their successors are appointed and qualified. Any vacancy in said board shall be filled by the appointment of a person, qualified as aforesaid, to hold office during the unexpired term of the member whose place he fills. Any member of said board may be removed from office for cause by the Governor, with the advice and consent of the Council.

SECTION 2. The members of said board shall meet on the first Tuesday of June of each alternate year after the year 1923, at such time and place as they may determine, and shall elect a chairman and

secretary, who shall hold their respective offices for the term of two years. The board shall hold regular meetings, one in March, one in July and one in November of each year, and such additional meetings at such times and places as it may determine. Said board shall cause a seal to be engraved and shall keep correct records of all its proceedings and may make rules and regulations as it shall deem necessary for the successful enforcement of its authority and performance of its duties.

SECTION 3. Any person shall, upon the payment of a fee of five dollars, be entitled to examination as hereinafter provided, and if found to possess the qualifications hereinafter provided shall receive a certificate thereof under the seal of the board. Any person refused certification may be examined at a regular meeting of said board within two years of the time of such refusal without additional fee, and thereafter may be examined as often as he may desire upon payment of the fee of five dollars for each examination. All fees received by the board hereunder shall be paid by the secretary thereof into the treasury of the state once in each month.

SECTION 4. Except as in section six hereof provided, no person shall hereafter practice any form of the healing art in the State of Maine, or shall treat for compensation by any means whatsoever any disease of the body or mind, or any ailment, injury or malformation of the human body, until he has passed to the satisfaction of this board its examination and test herein provided and shall have received the certificate provided in the preceding section. Said examination and test shall be as follows: The applicant shall submit to the said board his general educational credentials and shall satisfy such board that he is a person of good moral character, that he has received a diploma or its equivalent from some reputable and recognized high school, and that he has received a diploma from some school teaching the healing art which was, in the judgment of the board, reputable and in good standing at the time of the applicant's graduation therefrom; that the course in said school is of at least thirty-two months extending over a period of four years and embracing the study of anatomy, physiology, pathology, chemistry, bacteriology, symptomatology, diagnosis, hygiene and sanitation, and that the applicant possesses sufficient general educational qualifications; provided, however, that any person shall be entitled, prior to entering a school teaching the healing art, or during his attendance therein, to register with said board the high school diploma or its equivalent as by this section required; provided further, if for any reason said board is not satisfied that the applicant possesses

the qualifications required it may cause such applicant to be examined as to his general educational qualifications by a committee to be appointed by said board, and this examination may be held and required even though such applicant possesses the diploma or equivalent thereof heretofore provided.

SECTION 5. No professional examination shall be given by any State Board of Registration or Examination of the healing art unless the applicant shall have first presented to such board the certificate of the State Board of Preliminary Examination as prescribed by Section 3 of this Act. Any applicant who shall undertake to stand such examination before the above-named boards without said certificate so issued to him prior to such examination shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than fifty dollars nor more than five hundred dollars for such offense, and the license of the above-named boards for professional examination shall be null and void if issued to any person who has not, before taking such examination, submitted himself to the State Board of Preliminary Examination and received the certificate of such board as is by this Act provided. This Act shall not affect or limit the requirements and standards set by any state board of registration or examination of the healing art in its examination, the examination and test by this Act provided being pre-requisite thereto.

SECTION 6. The five preceding sections shall not apply to any person practicing the healing art who is called from another state to treat a particular case and who does not otherwise practice in this state, nor to prohibit gratuitous service or the rendering of assistance in emergency cases, nor to clairvoyants or persons practicing hypnotism, magnetic healing, mind cure or Christian science, nor shall it apply to any person practicing the healing art at the time of the passage of this Act for at least three years in the State of Maine.

SECTION 7. The compensation of members of the board shall be five dollars per day for each day actually spent in the discharge of their duty. The compensation, incidental and traveling expenses of the board, shall be approved by the board, audited by the State Auditor, and paid from the state treasury out of the receipts from examination fees as herein provided, and so much of said receipts as may be necessary are hereby appropriated for the compensation and expenses of the board as aforesaid.

## REPORT OF THE CANCER COMMITTEE.

The Cancer Committee of the Maine Medical Association and of the Maine Public Health Association submit the following report of their activities for the year 1922-23.

The plan of campaign instituted in 1921-22 was largely followed and in much the same manner as intended at the institution of the cancer work by the present committee. County chairmen accepted responsibility and appointed sub-committees and carried on an active campaign in all counties except Knox, Waldo and Lincoln, in which counties, we regret to state, we met with no response to our efforts. It is hoped that another year will see active cancer work carried on in these counties also.

The main desire this year has been to carry on intensively the work started the previous year, and so the special effort has been to reach out into large numbers of small rural communities rather than to repeat our program to larger audiences in the larger cities. This object has been effectively carried out, and for its success we are largely indebted to the splendid co-operation of Mr. Brawn, of the State Federation of Labor, and Mr. Foster, of the State Grange, who gave us hearty co-operation and sent out such timely and well-chosen instructions to their affiliated organizations that it was possible to place the essential and hopeful facts about cancer before a very large number of small audiences in the smaller communities. In all, about 93,000 people were reached throughout the state this year. This contrasts most favorably with other, and larger, and more thickly populated states. The success of the plan was also made possible by the use of a standard lecture sent to every physician of the state as last year.

Your committee respectfully wishes to make the following suggestions for future cancer campaign work.

It would seem wise to furnish this kind of work with a more or less permanent organization and plan of procedure.

It is believed that the President of the Maine Medical Association and the presidents of the other county medical societies should be *ex-officio* members of the committee, and that it should be a part of their duty to see to it that a paper on the subject of cancer becomes a permanent part of the program of the state meeting, and that one paper at least on this subject be read before each county medical society each year. The editor of the state Medical Journal should also hold a similar position on the committee, and be urged to publish at least one article in every number of the JOURNAL on some phase of the subject, and should, in conjunction with two other physicians, arrange for the pub-

lication in every newspaper of the state of occasional articles on cancer such as are put out by the American Society for the Control of Cancer.

It should be the duty of the staff of every public hospital in the state to see to it that at least one talk on cancer be given to every class of nurses in training each year, and the duty of the president of each county medical society to see that a similar lecture be given to nurses in each private hospital in the county.

The establishment of permanent cancer clinics in all of the public hospitals is strongly urged.

The furnishing of a large amount of cancer literature by the State Board of Health is also urged.

If the above recommendations become automatic each year, your committee would be freed of a heavy burden of responsibility, and then would be better able to deal much more effectively with the other details of carrying on successfully an intensive campaign continuously.

It is evident that the importance of the continuance of this campaign with as much vigor and over as long a period as that against tuberculosis is not fully appreciated by the medical men of the state, but it is the desire of your committee to intensify this work as much as possible. In order to do this, it must have the united support of the medical profession in Maine.

Respectfully submitted,

EDWARD A. RISLEY, M. D., *Chairman.*

*For the Committees.*

### REPORT OF THE NECROLOGIST.

It has been the custom of your Necrologist for many years to stand in the presence of the members at the annual meeting and to read to them a few words concerning each member who has departed during the previous year. Now, however, I am asked to hand in a report for only nine months and am thereby confused not a little. If, however, this is to become a custom, we shall be able ultimately to report the deaths in an even year, and in that way bring our biographies up to date.

During the past nine months the following members have passed away, so far as I have been informed by the various county secretaries.

Charles Washington Bray, Portland.

Harry Roswell Farris, Oxford.

James Edward Keating, Portland.

Henry Putnam Merrill, Jr., Portland.

Everett Thornton Nealey, Bangor.



Charles Howard Ridlon, Gorham.

Frederick Fremont Smith, Bar Harbor.

John Franklin Thompson, Portland.

Dr. Bray practiced forty years in Portland with great success. He did no surgery, but understood just when to call in surgical assistance to prolong the lives of his patients. He was a man remarkable alike for his suavity of manner and courtesy to all whom he met. His hat came off often when meeting friends or patients. He understood to a high degree the great art of encouragement, for the cure of his patients.

Dr. Farris had a most enviable record in the State Militia before he entered the great war, and in France he attracted the attention of the government to his successful labors in constructing the Red Cross Hospital near Paris, one of the largest of its class anywhere. He came back to us decorated with the Silver Plume from France, as a nation, and continued his career by establishing a sanitarium at Oxford for tubercular and other patients. His career was all too brief.

Keating suffered long from an insidious illness, enduring it with an unexampled courage for years. During his active career he was a successful man, and his departure meant regret to many friends and patients alike.

Henry P. Merrill, Jr., U. S. N., worked hard to establish a practice in Portland, but met with great success in the Navy, which he entered at the opening of the war, and continued in it until his sudden death. He was on his way to the Far East, in medical charge of a man-of-war, when he was stricken with typhoid pneumonia and died very shortly afterward.

Nealey will long be remembered as a most successful user of the X-rays, taking them up enthusiastically abroad, and long before they were much utilized in this country. In this specialty he was a pioneer, and obtained fame and proper recognition and reward for his unusual skill.

Dr. Ridlon worked laboriously as a country doctor over an extensive and a hilly field, unusually difficult for travel at all seasons of the year. He was a great lover of flowers. His garden of dahlias was every year a wonderful show of color and beauty. As a conversationalist and as a pleasant man he was beyond compare.

Frederick Fremont Smith was a doctor in the fashionable world at Bar Harbor for years, reaping a handsome success and deserving it, too. The last of his life was embittered with melancholy—he feared

that he had not done all that he might have done—and the end came suddenly, amidst a depression of spirits impossible to overcome.

John Franklin Thompson will long be missed from our ranks, for he attended yearly our meetings, read papers often, spoke often, and did his best to guide us into better unity and greater skill. He was an excellent surgeon, utilized medicines carefully, helped Dartmouth College widely, and acted beneficently as a director of the Maine General Hospital.

Further details as to dates, causes of death, introspections of character, and so on, can be found in the regular biographical notices issued from time to time in the JOURNAL of our Association.

April, 1923.

J. A. S.

### **SOCIAL SERVICE REPORT OF THE CHILDREN'S HOSPITAL FOR MONTH OF MARCH, 1923.**

The first two weeks of this month were spent in going over the medical records and selecting the patients that should come into the hospital for examination or treatment. During the last two weeks *thirty* patients were visited. In *twenty* cases the results were positive; in *four* cases nothing could be done; in *six* cases a question of the result still exists.

In eleven instances it was necessary to ask the co-operation of other social agencies, or of physicians outside the Children's Hospital. The co-operating agencies were:

1. The Wilson School.
2. The Nathan Clifford School.
3. The Parochial School (Danforth St.).
4. North School.
5. The Children's Heart Work Society.
6. The Bethel Mission—Rev. Guglielme.
7. The Associated Charities.
8. The Opportunity Fund—Evening Express Publishing Co.
9. The Overseers of Poor.
10. State Board of Charities and Corrections.
11. Public Health Nursing Association.
12. District Nursing Association.
13. Maine Eye and Ear Infirmary.

The co-operating physicians were: (1) Dr. Drake; (2) Dr. Wm. Anderson; (3) Dr. McAleney; (4) Dr. Benj. Foster.

Arranging for treatment prescribed by the physicians of the Children's Hospital involved: Obtaining the consent of parents for

the performance of operations; obtaining money for medicine and apparatus; the communication of specific orders for home care to the Public Health or District Nurses.

The chief aim of medical social work is to obtain the best possible service for the patient. This means that close co-operation must exist between the persons representing the medical, surgical, nursing and social activities within the hospital, and between the social worker, social agencies and the patient's family outside the hospital.

Respectfully submitted,

ISABEL HAYDEN DYER.

#### SIXTH DISTRICT.

MILO, MAINE, May 2, 1923.

BERTRAM L. BRYANT, M. D.,

BANGOR, MAINE.

*Dear Dr. Bryant:*—In submitting to you my report as Councilor for the Sixth District I will say that unavoidable circumstances prevented me from visiting either the Aroostook or Penobscot societies this past year, but I know that all the societies comprising the Sixth District are active.

Your Councilor did attend, in company with the President and Secretary, the State Association and other Councilors, the hearing before the Judiciary Committee of the Legislature on the Osteopathic Bill.

All of the societies comprising this district are in a flourishing condition.

Cordially yours,

JAMES MCFADYEN, M. D.

#### REPORT OF COMMITTEE ON STATE HOSPITALS.

Your Committee on State Hospitals has visited the same and reports herewith the following:

The hospitals at Augusta and Bangor are exceptionally well kept, spotlessly clean, comfortable and well equipped for the mental and physical care of their patients. The general orderliness of both institutions shows much thought and interest by their respective superintendents.

As a result of our visit we recommend the following in regard to the care of mental patients in the state.

That the institution at Pownal be used for the lower grades of feeble-minded, or those capable of slight or no training. That the

State School for Boys at Portland and the Industrial School for Girls at Hallowell be used for the care of the so-called moron type of cases. This would give a better opportunity for their training, also, by not being confined with those of lower mental grades, their handicap would seem to them less pronounced.

That in Portland, and in other cities if the plan should prove successful, there should be a home for moron girls. After receiving their training at the state schools these girls could be transferred to this home, from which they could work out by the day at their respective duties, return at night and be under the supervision of the matron. Not only would this give the girls a home life, but financial independence, and thus relieve the state of some expense.

That the state be divided into four or five districts, by counties, and in each district have a home for the care of the aged feeble-minded, senile cases and chronic non-disturbing insane. This method of caring for these unfortunates would keep them nearer home, it could be done at less expense to the state and would relieve the state hospitals of their congestion. By this, space and time could be provided for the hospitals to extend their duties to the examination and study of such problem cases as might be sent them from various sections of the state.

CLEMENT P. WESCOTT.

### **REPORT OF COMMITTEE ON HOSPITALS.**

Your Committees on Hospitals wishes to report progress.

Since our meeting last year many of our hospitals have shown marked improvement in management, organization and equipment. The standard in many cases has been raised. There is still need of further efforts on the part of Superintendents and a closer business relation on the part of the Directors in certain hospitals. This, of course, could be more easily effected through an organized medical staff working as a unit.

In general, we believe hospital rates are as high as their respective communities will permit. Why certain hospitals without state aid or with a very small state aid, and doing as much or more charity work, in proportion to their capacity, as the large hospitals that receive such unexpectedly large state grants, are able to pay all expenses and present a favorable surplus at the end of the year, is a matter that should be thoroughly investigated.

Does the prospect of receiving state aid make the management more lax in its duties, more careless and indifferent about collection? Will the state continue to contribute indiscriminately to the support

of hospitals without even the shadow of inspection? These are questions that should be discussed by the Association before the state launches one of its periodic investigations.

Your committee feels that an insistent economy campaign in hospital management will mean smaller state appropriations and unquestionably better hospitals.

W. W. MINER,  
F. W. MITCHELL,  
JAMES O. LINCOLN,  
*Committee.*

### REPORT OF COMMITTEE ON PUBLIC RELATIONS.

The Public Relations Committee has been concerned this year again with the vacancies in medicine in the country districts of the state. The map that was issued last year has been brought up to date, showing the opportunities still remaining, and has again been sent around to the medical colleges. The inquiries which this map elicited last year were a source of great satisfaction to the committee.

The committee also acts as Advisory Committee to the Maine Public Health Association, and in this capacity has passed on a number of public health projects. The most notable of these has been the publication of the so-called "Ten Book," issued by the Public Health Association and the Metropolitan Life Insurance Company. This is made up of ten terse sentences, advising the public in regard to ten different aspects of personal hygiene. This pamphlet has received praise from hygienists of national and international reputation and widespread notice in the public press.

The organization of County Committees on Public Relations is opening up a large field for the Medical Association, which is now taking its normal position in guiding the public health activities of local communities.

S. JUDD BEACH, *Chairman.*

### REPORT OF THE COMMITTEE ON EDUCATION.

*To the Maine Medical Society:*

Your committee on Medical Education herewith submits its annual report.

While regretting that its duties are not better defined, your committee believes in the necessity of its existence to perpetuate the memory of what was Maine's lost opportunity and be ever watchful for an opportune moment to launch a campaign to place "class A" medical education within the reach of all the young men of this state who would enter the ranks of our profession.



We believe the loss of the Maine Medical School is already being felt by the public, but will be realized more and more each year, and it is indeed fortunate that there is available for the use of worthy medical students even the small income from the Bowdoin Medical School Fund, which is being allotted to some at the present time in various schools of the continent.

We would recommend a uniform minimum preliminary education for all who would practice the healing art, and believe that the enactment of a law requiring all candidates for registration in any "cult" or "pathy" to present evidence of the same preliminary education that is required for admission to a "Class A" medical school, would solve for a long time the old registration problem.

Respectfully submitted,

F. H. BADGER,  
FRED W. MANN,  
D. A. ROBINSON,

*Committee on Medical Education.*

## **REPORT OF THE COMMITTEE ON HEALTH OF SCHOOLS.**

As chairman of the Committee of Health in Schools I wish to make the following report:

There is a gradual increased interest in the health of our school children. More are being examined each year and their defects remedied. Care is being given to the teeth, and through the Modern Health Crusade health education is being introduced into the schools.

Sanitary conditions of schoolhouses are being improved, so that our schoolhouses are rapidly becoming of a much better type. This all adds to the improvement of the health of our children in the public schools.

Much education is needed to give the teachers a better knowledge of the communicable diseases and their dangers. Communicable diseases are spread largely in schools, because of the lack of knowledge of the teachers as to the prodromal symptoms and the characteristics of the various communicable diseases.

C. F. KENDALL, M. D., *Chairman.*

## **REPORT OF VISITORS TO STATE SANATORIA.**

A new administration has been ushered in at Hebron under Supt. Dr. Lester Adams, formerly of Bangor and of the U. S. Tuberculosis Service. A new building for women is just being opened.

Your committee is to visit this sanatorium and that at Fairfield when road conditions permit, and the report will be presented orally at the annual session.

C. B. SYLVESTER.

## REPORT OF COMMITTEE ON VENEREAL DISEASES AND THEIR PREVENTION.

*Mr. President and Members of the House of Delegates:*

The Committee on Venereal Diseases and Their Prevention makes its twelfth annual report.

During the past year your committee has received from the Maine Medical Association \$25.00, from Bowdoin College \$100.00, and from interest on savings bank deposits \$1.04. The total receipts for the year amount to \$126.04. The balance on hand is \$346.96.

In 1916 the chairman of the committee received, in trust, twelve shares of stock in the American Agricultural Chemical Company. This stock paid \$72.00 a year up to 1921. Since 1921 the Company has passed its dividends on preferred stock, so no funds have been received from that source. This year, however, Bowdoin College has increased its subscription from \$50.00 to \$100.00, which partly makes up for the loss of the expected dividends. The stock has a market value of about 65 in the stock exchange list, and the company holds out hope that the payment of dividends will be resumed at some later time.

In spite of the loss of the steady income from these dividends, your committee has thought it unwise, at the present time, to make appeals for general contributions. There were two reasons for this decision.

First. There are many calls for financial aid from worthy philanthropic organizations.

Second. The state and federal governments have at last recognized the importance of this work and are spending here in Maine, directly and indirectly, at least \$16,000 a year to fight venereal disease. In 1910, when this committee was first appointed, practically nothing was spent by the state or United States government for this purpose.

Since the Maine State Department of Health has established a division of venereal disease, your committee has limited its activities to certain phases of the work not taken up by the Health Department. With this idea in mind your committee has worked along the following lines:

1. Assisting in awakening the people of Maine to the dangers of venereal disease.
2. Assisting in some degree in establishing higher ideals of sexual morality.
3. Arousing parents to a sense of responsibility in regard to the sexual morals of their children.

4. Calling the attention of parents to the need of arousing in their boys and girls a feeling of responsibility in regard to the health and welfare of their future families.

5. Assisting in awakening public opinion to support officers of sanitation in applying modern hygienic methods to the control of venereal disease.

Last year your committee decided that, taking all things into consideration, and especially the avoidance of duplicating the work of the State Health Department, the following activities offer the best opportunities to do effective work in Maine:

1. The plan of obtaining from school superintendents the addresses of fathers of boys of grammar school age and then sending to these fathers carefully-worded individual letters, accompanied with pamphlets of information. The letter suggests the duty of the father of arranging for his son to receive proper instruction in sexual hygiene.

2. A second activity, undertaken by your committee in 1916, of sending letters and literature to the members of the National Guard of Maine, has been carried on continuously, except for the period of the world war. Dr. Belfield's pamphlet has been used, accompanied by an individual letter. A letter of appreciation from General Presson was published in the 1921 report.

3. The third activity consists of an attempt to reach the leaders of Maine boys. The distribution of literature to the young men of the senior classes of the Maine high schools and academies has been carried on to a limited extent, when it could be done with the co-operation of the principals and school authorities. Work with Boy Scout organizations, with the co-operation of the Scoutmasters, has promised good results. Meetings of the leaders of the Y. M. C. A., in conventions and camps, have furnished opportunities that have been appreciated of reaching the leaders of Maine boys.

Under the first plan the practice of your committee has been to send out individual letters to the parents of boys of grammar school age. The letter was usually worded somewhat as follows:

*"My dear Sir:*—Our committee is sending to you a small pamphlet dealing with sexual hygiene for boys. It is the belief of the committee that much venereal disease would be prevented if boys were familiar with the facts set forth in this little book. Therefore, we ask you to read its pages carefully and then decide whether or not it contains truths which you think your boy should know. If you conclude that it may benefit your boy to have these facts from a reliable source rather than to depend for such information on what he inevitably learns from

his playmates and elsewhere, will you not prepare him for the pamphlet by a few well-chosen words and then let him read it or give him the necessary instruction in whatever way your judgment dictates? Possibly you may prefer to ask your family physician to undertake this task for you.

"If you have already taught your boy all you think is necessary, you will, of course, disregard this letter and pamphlet. If, on the other hand, you do not agree with our views, will you help us by writing frankly your criticism to me.

Very sincerely yours,"

The pamphlet used in this work is "The Boy's Venereal Peril," published by the American Medical Association.

Under the second plan rosters have been obtained from the Captains of the National Guard Companies and a letter has been sent to each member of the Company. The letter was worded somewhat as follows:

"*Dear Sir:*—In accordance with a plan suggested by the American Social Hygiene Association, Inc., we are sending you a small pamphlet dealing with sex hygiene. The Committee of the Maine Medical Association on Venereal Diseases and Their Prevention is sending such pamphlets to the members of the National Guard Corps of this state. Already a large number of these pamphlets have been supplied by the American Social Hygiene Association for distribution among military organizations of the various states.

"It is the belief of the committee that much venereal disease would be prevented were men familiar with the facts set forth in this little book. Therefore, we ask you to read its pages carefully and then decide if it does not contain truths which you think will be of benefit to you in your military life.

"If you are already familiar with this subject, then this letter and pamphlet are not for you. If you do not agree with the views expressed, will you not help us by writing frankly your criticisms to me.

Very sincerely yours,"

Dr. Belfield's pamphlet is used in this work. Following is a copy of a letter from General Presson as published in the 1921 report:

"In reply to your letter of May 24th, referring to the work of the Maine Medical Association on venereal diseases, I beg to state that I wish to congratulate you on the work that was done by your committee in the 2nd Maine Infantry while on the Mexican border. The results were something wonderful. When the 2nd Infantry was mustered out on the return from the border, a physical examination showed out of

1,000 men only four cases of venereal disease were discovered. This I consider was partially, if not fully, due to the work of the committee of the Maine Medical Association, and I hope the people of this state will appreciate this valuable service that is being done and that you will be able to raise funds to continue the work. It certainly has the approval of this department, and again I want to congratulate you on your wonderful success."

The third plan has been met in various ways. Last year the chairman had the privilege of addressing some sixty young men attending a leaders' conference at the Y. M. C. A. camp at South Winthrop.

The letters sent out to seniors in Maine high schools and academies were letters very much like the letters sent to the National Guard. The Belfield pamphlet was also used in this connection.

The committee asks to be continued and that the usual annual appropriation of twenty-five dollars be granted.

Following is the financial report for the year ending June, 1923:

RECEIPTS.		
Maine Medical Association,	\$ 25.00	
Bowdoin College,	100.00	
Interest, savings bank deposit,	1.04	
	<hr/>	
	\$126.04	
Balance on hand, June, 1922,	301.31	
	<hr/>	\$427.35
EXPENDITURES.		
Printing, a-b-c-d-e,	\$30.45	
Postage, a,	5.00	
Stationery, a-b,	21.84	
Clerical Work, a-b-c,	10.50	
American Social Hygiene Association,	2.00	
American Public Health Association,	5.00	
Typewriter Supplies,	5.60	
	<hr/>	
	\$ 80.39	
Balance on hand, June, 1923,	346.96	
	<hr/>	\$427.35

Respectfully submitted,

F. N. WHITTIER,  
A. L. STANWOOD,  
E. E. HOLT.



## REPORT OF THE JOURNAL OF THE MAINE MEDICAL ASSOCIATION.

After thirteen years of active existence as the official organ of the Maine Medical Association and its affiliated societies, and owing its existence to the loyalty and integrity of a small group of members who have given liberally of their time, and in many instances money, to carry out a work which they truly believed was of vital interest to the entire medical profession of Maine, it is a good time to make a survey of the past so that we may more carefully arrange for the future.

At the Bar Harbor session, an estimate of the cost of printing and marking the transactions was placed at \$700.00, and it was voted to appropriate a similar amount for the purpose of publishing an official organ of the Association, to be issued monthly. The first issue came out in December, 1909, and has continued regularly to the present time, through the efforts of a few enthusiastic members who believe this work a valuable asset to the Association, not as a medical journal in the competitive field of journalism, but solely as an official organ giving the members each month the medical activities in our own state.

During the thirteen years of existence it has cost the state Association approximately \$8,600.00, whereas, placing the cost of the transactions in 1909 at \$700.00, in thirteen years the Association would have paid \$9,100.00. The membership in that time has nearly doubled and the cost of printing has also advanced nearly 100%, so that the JOURNAL during this time has not only given to the members considerably more than the old transactions, but has saved the Association an inevitable increase in the cost of printing the transactions.

For the past few years the JOURNAL has been taking only \$500.00 from the state treasury, and the managing board have struggled to keep within this appropriation by limiting the number of pages per issue. Up to this year there has been a small surplus, but the past two years have changed a surplus to a deficit, which we must ask the treasury to make up, and also increase the annual appropriation to the JOURNAL sufficient to carry on this work.

No member of the editorial board receives a salary, but every member has responded readily to any reasonable request for time and effort, which only emphasizes his feeling as to the importance of this work to the Association.

The Maine JOURNAL is one of the twenty-nine medical journals acting as official organs of thirty-six states represented in the advertising world by the Co-Operative Advertising Bureau. The products advertised in these journals must be submitted to the Council of Pharmacy and Chemistry of the American Medical Association, which de-

mands fulfillment of two requirements, namely: They shall contain the ingredients specified in their formulæ, and secondly that the curative claims of these ingredients shall not exceed the known curative value of such drugs singularly or collectively. No reputable concern need hesitate submitting to the Council their products for analysis; in short, nearly all concerns are very glad of the opportunity of submitting their products for the approval of the Council for no other reason than the advertising value obtained for Council-approved products. The advertisements carried in your JOURNAL are Council-approved products and merit the patronage of every member.

The Co-operative Advertising Bureau is the result of a demand on the part of the state journal for a centralized Bureau of advertising and was formed by the American Medical Association to care for the advertising contracts and renewals of all of the state journals that restrict their pages to Council-approved products. Twenty-nine state journals are on the Co-operative Medical Advertising Bureau list, representing thirty-six states, all carrying clean advertising and sworn statements as to circulation. This has proven a big step in the right direction and merits the confidence and support of all members. When in need of supplies look through your JOURNAL advertising pages, send for catalogue and price list, and you will find they compare favorably with any other, but, in addition, they bear the stamp "Council Approved," which is the only guarantee known to the drug trade.

During the past few years there has been a marked increase in values, and we have now become accustomed to think and deal in markedly advanced prices in all times, but when we turn to organization work we have added valuable adjuncts to Association values but have failed to place our dues high enough to meet the increase in cost. It is time that some committee investigates the question of income and expenses, and recommends dues sufficient to cover all activities.

Our report would not be complete without reference to our honored Ex-President and Co-Editor, Dr. James Spalding, who has been a constant worker for the JOURNAL and the Association.

FRANK Y. GILBERT.

## *Notes.*

### UNION MEETING OF THE MAINE AND NEW BRUNSWICK ASSOCIATIONS, HOULTON, JUNE 5, 6, 7.

#### TUESDAY, JUNE 5.

- 2.00 P. M. Business meeting of the New Brunswick Association at Woodstock, N. B.
- 7.30 Meeting of the Maine House of Delegates and Council at the Court House, Houlton.

#### WEDNESDAY, JUNE.

- 9.00 A. M. Meeting at the Elks Club Rooms.  
Call to Order by the President.  
Invocation.  
Introduction of Visiting Delegates.
1. Hon. Charles P. Barnes, Houlton, "Who Should Practice Medicine in Maine."
  2. Dr. W. E. Rowley, St. John, N. B., "Acrodynia."
  3. Dr. W. D. Rankine, Woodstock, N. B., "The Septic Ear."
  4. Dr. Adam P. Leighton, Portland, Me., "Cervical Lacerations and that Sympton Leukorrhoea."
- 12.00 M. Eye and Ear Association Meeting.
- 1.30 P. M. 5. Dr. Langdon T. Snipe, Bath, President's Address.
6. Dr. David W. Mackenzie, Montreal, "Hematuria a Sympton."
  7. Dr. Albert E. Fellows, Bangor, "Digestive Disturbances in the Bottle-Fed Infant."
- 3.00 Cars leave for Aroostook tour.
- 6.00 Banquet at Plymouth Hotel, Fort Fairfield.  
Dr. Eugene R. Kelley, Health Commissioner of Massachusetts, "The Physician of the Future."

#### LADIES.

- 3.00-5.00 Reception.
- 7.00 Guests of the Aroostook Society at Temple Theatre.

## THURSDAY, JUNE 7.

9.00 A. M. Meeting at the Elks Club Rooms.

1. Dr. Frederick Cotton, Boston, "Fractures."
2. Dr. W. W. White, St. John, N. B., "Fractures—Their Treatment."
3. Dr. Neil Fogg, Rockland, "Traumatic Cerebro-spinal Lesions."
4. Dr. Langdon Thaxter, Portland, "Preventable Deformities of the Extremities."

1.30 P. M. 5. Dr. S. H. McDonald, St. John, N. B., President's Address.

6. Dr. Raymond Landry, Moncton, N. B., "Some French Viewpoints on Pain in the McBurney Region."

3.00 Cars leave for a drive down the St. John River.

6.00 Dinner at Island Park, Woodstock, N. B., Hon. W. F. Roberts, M. P. P., M. D., Address.

## LADIES.

9.30 A. M. Leave for a tour of Aroostook, having dinner at the Vaughn House, Caribou, returning via the St. John River. Tea at Golf Club, Woodstock, N. B.

Final April 13, 1923.

**DAUGHTERS OF HYGEIA GUESTS OF MRS. WILLARD.**

The regular meeting of the Daughters of Hygeia was held at the home of Mrs. Lawrence A. Willard, on Main Street, Saco, Thursday, April 6th, and was largely attended.

Dr. Grace E. Wheaton, President of the Association, presided at the meeting, which was held in the morning.

At noon the members sat down to an elaborate dinner, which was served at the home of Mrs. Lila D. Moses, under her personal supervision, and was greatly enjoyed by all those present.

Following the dinner Mrs. Sarah Foss, of Biddeford, gave a very interesting talk on "Art in Children's Books," which proved very entertaining. Mrs. Foss was presented with a bouquet of pinks as an expression of the appreciation of the ladies.

During the afternoon Mrs. Willard served refreshments.

Among those present were President Dr. Grace E. Wheaton, Mesdames David E. Dolloff, Lawrence A. Willard, George C. Precourt, R. C. Upham, Caleb J. Emery, Clarence E. Thompson, Frederick C. Lord, A. D'Arche, A. L. Jones, of Old Orchard; H. L. Prescott, of Kennebunkport; C. W. Blagden, of Sanford and B. F. Wentworth, of Scarboro.

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## ***County News and Notes.***

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### **AROOSTOOK.**

#### **AROOSTOOK COUNTY MEDICAL SOCIETY.**

The regular monthly meeting of the Androscoggin County Medical Society was held at the Dewitt Hotel, Lewiston, Me., May 8, 1923.

The meeting was called to order by Dr. J. Sturgis, the President.

Records of previous meeting not read.

Dr. Christian, of Boston, gave a talk on "Cardiorenal Diseases." Dr. C. Sturgis, of Boston, talked on "Relationships of Goitre."

There were present: Drs. John Sturgis, Webber, Peaslee, Call, Renwick, Buker, Hanscomb of Greene, Bartlett of Norway, Bradbury of Norway, Stewart of So. Paris, Chaffers, Bolster, Fahey, Pierce, Dr. Christian and Dr. Cyrus Sturgis of Boston, Russell, Scannell, Grant, Barrell, Cushman, O'Connell, Twaddle, Roy, Dupras, Cunningham, Goodwin, Higgins, Plummer of Lisbon, Burr of Lisbon, W. S. Garcelon, and Dr. Desaulniers.

E. V. CALL, M. D.,  
*Secretary pro tem.*

### **YORK.**

#### **YORK COUNTY MEDICAL SOCIETY.**

The second quarterly meeting was held at the common council room, City Building, Biddeford, Thursday, April 5th, Dr. D. E. Dolloff, Biddeford, the President, presiding.

The forenoon session was opened at 11.15 A. M. The minutes of the January meeting were read and approved. Bills were presented and it was voted to pay the same.

Dinner was enjoyed at Hotel Thacher at 1.00 o'clock.

The afternoon session was opened at 2.00 o'clock.

Dr. C. W. Blagden, Sanford, presented an interesting paper on



"Gas, Oxygen Anesthesia," and demonstrated its use, having a young man as a willing subject. Considerable valuable discussion of this important method of anesthesia ensued.

Dr. S. E. Vosburgh, Superintendent of the Maine School for Feeble-Minded, West Pownal, was a guest of the society, and he gave a detailed and highly instructive address with regard to the development of the well-known institution at West Pownal, and explained in a most instructive manner the problems and good results that are connected with the work there. Several questions were asked and very satisfactory answers increased the knowledge of all present.

A vote of thanks was given to Dr. Blagden and Vosburgh for their instructive addresses.

There were present the following: Dr. S. E. Vosburgh, West Pownal; D. E. Dolloff, E. J. Emery, G. C. Precourt, Biddeford; E. W. Blagden, Sanford; H. L. Prescott, Kennebunkport; A. J. Stimpson, Kennebunk; J. D. Cochrane, J. D. Haley, F. C. Lord, C. G. Dennett, Saco; J. A. Randall, A. L. Jones, Old Orchard.

A. L. JONES, *Secretary*.

---

### NEW AND NON-OFFICIAL REMEDIES.

During April the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-official Remedies:

Abbott Laboratories:

Neutral Acriflavine—Abbott.

Tablets Neutral Acriflavine—Abbott, 0.03 Gm. ( $\frac{1}{2}$  Gr.)  
0.03 Gm. ( $\frac{1}{2}$  Gr.).

Enteric Coated Tablets Neutral Acriflavine—Abbott,  
0.03 Gm. ( $\frac{1}{2}$  Gr.).

Hynson, Wescott & Dunning:

Phenoltetrachlorophthalein—H. W. & D.

Ampules Phenoltetrachlorophthalein—H. W. & D.

Mallinckrodt Chemical Works:

Carbon Tetrachloride Medicinal—M. C. W.

Merck & Co.:

Skiabaryt (for rectal use)—Merck.

Skiabaryt (for oral use)—Merck.

Powers-Weightman-Rosengarten Co.:

Carbon Tetrachloride C. P.—P. W. R.

Non-proprietary articles:

Neutral Acriflavine.

Carbon Tetrachloride Medicinal.

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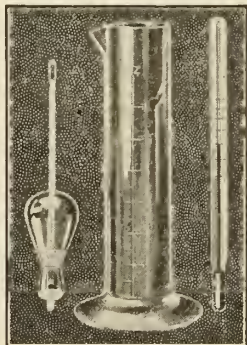
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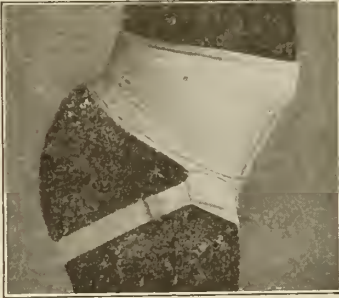
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S. M. A. meets the need for an artificial food which contains as high

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contains the carbohydrate—maltose—which answers the purpose, for maltose is utilized in larger amounts than any other carbohydrate. Successful results may therefore be obtained by preparing the modification with skimmed milk and at least four level tablespoonfuls of Mellin's Food to each pint of the food mixture.

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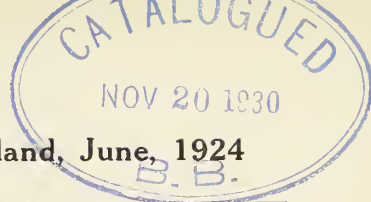
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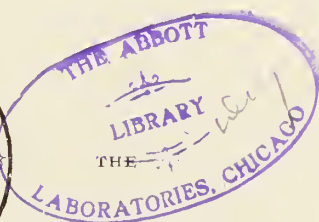


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# THE JOURNAL



## Maine Medical Association.

The Official Organ of the State and County Medical Societies.

VOL. XIII, No. 11.

JUNE, 1923.

\$2.00 per year

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Third District,	W. E. Kershner, Bath,	" " 1923.
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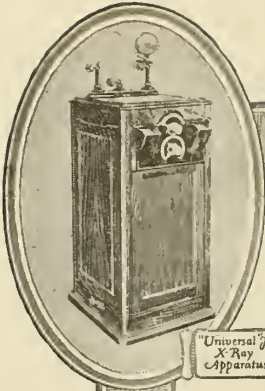
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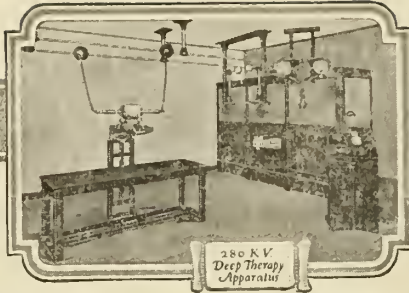
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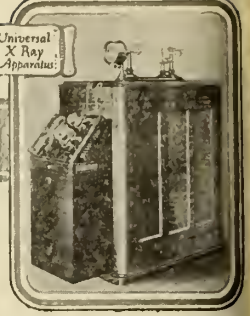
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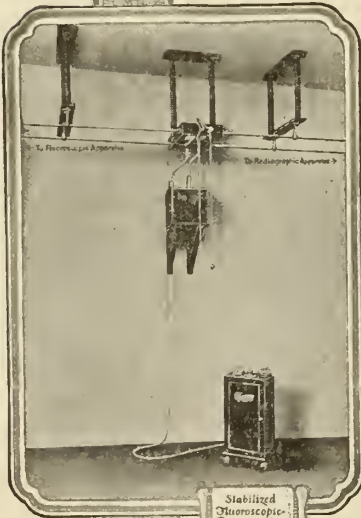
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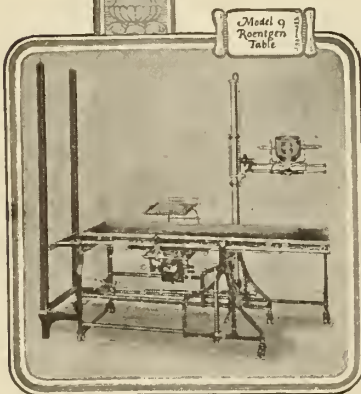
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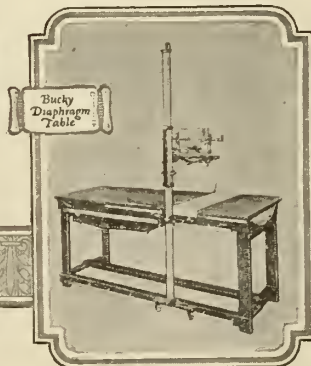
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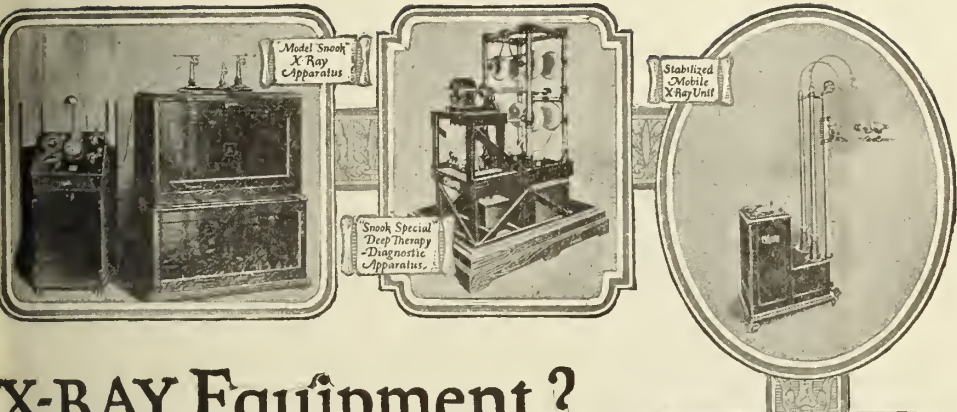
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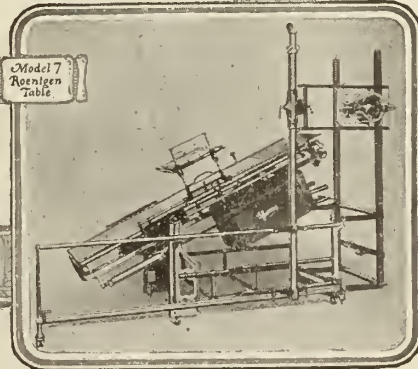
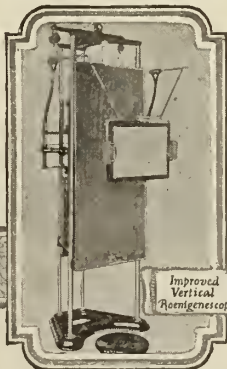
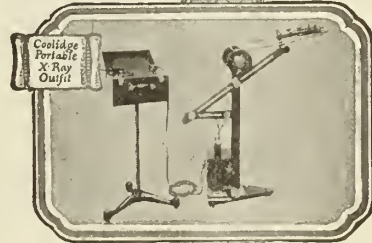
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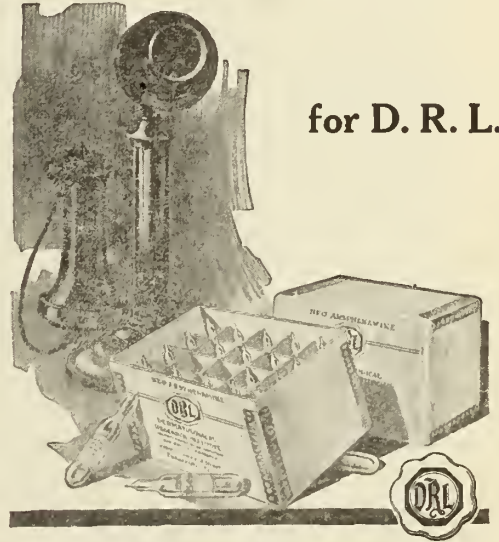
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## HYDROTHERAPY.

WILLIAM W. BOLSTER, Lewiston, Me.

Hydrotherapy is a term derived from the Greek words ὕδωρ, "water," and Θεραπεία, "treatment," which may be applied to the methodical application of water for remedial purposes, either hygienic or therapeutic.

I propose in this brief article to discuss some of the therapeutic uses of water of various pressures and temperatures upon the surface of the body. The therapeutic use of water is as old as the art of medicine.

### PROPERTIES OF WATER.

Water is a liquid, the temperature changes of which are slow. It has a great capacity for absorbing heat. It is, therefore, invaluable as a medium for abstracting heat, for storing heat and for applying heat. Its power to absorb heat explains the great efficiency of ice baths in bringing about a lowering of temperature in cases of fever. Similarly, water, in passing from a liquid to a vapor, renders a tremendous amount of latent heat; hence the evaporation of water from the surface of the body is one of the best means to produce cooling. Its utility as a thermal agent is further enhanced by the ease with which its temperature can be measured, regulated and controlled. Water can readily be applied with varying pressures. This property is utilized in the form of spray and douche baths. Before proceeding to the therapeutic uses of

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water, we will briefly consider the actions of heat, cold and pressure upon the body.

The physiological action of water upon the skin is very simple. So far as hydrotherapy is concerned, the skin may be regarded as a great sheet of imperfectly sheltered blood vessels and nerves. The effect produced by water upon the skin is merely the expression of the reaction of the blood vessels and nerves to the physical forces applied by the water. Congestion or ischemia of a part depends upon the state of the blood flow in the capillaries; the capillary stream is controlled mainly by the contractibility or tone of the arterioles, and upon the condition of the arterioles hangs the efficiency of the whole circulatory mechanism. The skin is richly supplied with nerve terminals, which are elaborated sometimes into special sensory end organs. Just as the network of vascular capillaries opens into larger channels and thus links the peripheral circulation directly with the heart, so the terminal cutaneous ramifications of the sympathetic and sensory nerves are gathered together into trunks and pass to the central nervous system. A stimulus to the skin thus may powerfully affect the vascular and nervous arrangements of the whole body. The skin is, in fact, an externalized regulating mechanism for the circulatory and nervous systems.

Some areas of the skin have certain definite nervous relations to the viscera. An organ may be reflexly influenced through a particular area of skin, and affections of organs may reflexly influence the special skin areas. Our knowledge of these areas, which we owe to Head and Mackenzie, enables us to guide and restrict our operations.

The skin, besides being an organ of sensibility, has also secretory, excretory and heat regulating functions. These are under nervous and vascular control. A stimulation of a cutaneous secretory nerve induces an increase in the blood supply and usually involves an increased sweat secretion. The regulation of the heat of the body is thus largely attained through the skin. The over-production of heat by excessive muscular action, or by exposure to excessive external heat, causes the cutaneous capillaries to dilate and the sweating to increase; the evaporation of sweat from the skin absorbs much of the surplus heat from the body. If exposed to cold the cutaneous vessels contract and sweating diminishes; the body heat is thus controlled.

#### RATIONALE OF THE ACTION OF WATER.

The action of water as a remedial agent may be explained upon strict physical and physiological principles. Its effect upon the body is traceable, first, to mechanical impact; second, to temperature effects.



These effects are modified in accordance with the part to which the application is made, the condition of the individual and his environment.

The mechanical impact produced by friction of the water from a douche—which is a stream propelled with a force of ten to thirty pounds—will produce the effect of massage of the part. This mechanical impact upon the peripheral vasomotor nerves, both stimulating and relaxing them, affects the central nervous system, which, in turn, affects the respiration, the cardiac movement, the distribution of the blood and the vascular tension.

Second, the temperature effect produced by water is really the chief element in its therapeutic application. Thermic irritants, heat and cold, are the chief elements in all hydiatic procedures. They make impressions upon the terminal nerve-endings, which abound upon the cutaneous surface. These sensory impressions act in a twofold manner; First, they are conveyed to the central nervous system, whence reflexes are remitted, which have the most important bearings upon all functions of the body. Second, the effect upon the vasomotor nerves produces a narrowing of the surface vessels, which increases the resistance to the circulatory current and thus raises blood pressure. This constriction is followed, in accordance with familiar physiological laws, by relaxation, and this effect depends, in turn, upon the extent and intensity of the irritation.

#### EFFECT OF PERIPHERAL IRRITATION UPON THE RESPIRATION.

Cold is one of the most powerful nerve stimulants. At the very dawn of life we are forcibly reminded of the influence of cutaneous irritants upon respiration. The first inspiration is due partly, if not chiefly, to the impact of colder air upon the surface of the infant. The familiar example presented by the ordinary treatment of syncope, by dashing cold water upon the exposed body, is another illustration of the powerful influence of thermic irritants upon respiratory innervation.

The first effect of cold water upon the terminal nerve-endings is the irritant impulse to the respiratory centers, producing a gasping respiration, which gradually deepens and becomes more rapid. It is difficult to separate the effect upon the respiration from that upon the circulation. The proportion which exists between the number of pulsations and respirations is usually changed by the application of cold. Deep inspiration must facilitate the general circulation, while it offers a certain resistance to internal circulation. Complete expira-



tions have the opposite effect. Whatever influence, therefore, is brought to bear upon respiration must, to a greater or less degree, affect the circulation also. The deepening of inspirations by cold upon the surface, if not excessive, is so well established by daily observation that it requires only this brief reference. The deepened involuntary inspirations enable the patient to obtain a larger supply of oxygen, which is the chief life-giving element in nature, and which, when abundantly but not artificially supplied to the lungs, excels all medical tonics in restoring functional vigor.

#### EFFECT OF PERIPHERAL IRRITATION UPON CIRCULATION.

The effect of peripheral irritation upon circulation is local and general. The first result of a local application of cold or of extreme heat is contraction of all the muscular tissues coming in contact with this thermal agent. Hence the muscular fibres of the skin, as well as the circular fibres of the cutaneous vessels, are contracted, with the result that the latter are emptied, as is evidenced by the pallor of the skin. At this point comes into play the physiological action of all organic muscular fibres. These fibres respond slowly to stimuli and recover from this action with equal tardiness. Still, even this effect may be modified by the intensity and duration of the application. The more intense the stimulation, the more rapidly will the vessels contract and become anæmic. A brief application will result in rapid reaction, while if the application be continued reaction will be retarded; paralysis of the vaso-strictors will result from over-stimulation; the vessels will dilate; the skin will become red.

The cardinal point to be remembered here is that a *brief and intense application of cold is a stimulant, because it is at once followed by a corresponding reaction, while a prolonged application is a depressant.*

By means of sphygmographic tracings it has been discovered that cold applied to the surface produced an immediate cardiac response by increasing the force and speed of ventricular contractions, but immediately slowed the heart's action. The opposite effect resulted from applications of high temperatures to the surface, the effect being reflex, depending upon the susceptibility of the individual to impressions.

#### INFLUENCE OF PERIPHERAL IRRITATION ON TEMPERATURE CHANGES.

The temperature prevailing in the skin depends upon the quantity of arterial blood circulation within it. Hence the contraction and dilation of the peripheral vessels are the chief elements in resisting

cold and heat which may come into contact with them. The temperature of various parts of the body is dependent chiefly upon the amount and the rapidity of the circulation within it. It follows that the central nervous system is capable of controlling the temperature of various parts.

Two cold baths of exactly the same temperature may have quite different effects upon the same individual. If the body is submerged in water of say 60° F. the surface is rapidly cooled, the sensory nerve-endings are stimulated, the blood is driven to the muscles and more heat is generated within the latter. If, on the other hand, the body while submerged is constantly subjected to active frictions, the cooling will be slower and more gradual, the cutaneous vessels will convey cooled blood to the interior and counteract also the increase of temperature by diminishing the reflex action from the surface which is the incentive of muscular heat-generation.

#### EFFECT OF PERIPHERAL IRRITATION ON TISSUE METAMORPHOSIS.

Cold reduces and heat increases cell activity. These are direct effects, which are due not so much to the therapeutic causes as to the indirect results produced by reflex agencies which are contrary to them. Oxidation as ascertained by excretion of  $\text{CO}_2$  is enhanced by external application of cold and diminished by the external application of heat, so long as the body temperature is not much distributed. Bartels has shown that whenever the body temperature is increased by vapor or other baths there is more urea excreted.

Inasmuch as, according to all experimental researches, abstraction of heat produces an increased excretion of  $\text{CO}_2$  and a larger quantity of oxygen is taken up, and as the retrograde metamorphosis from nitrogenous matters appears abundantly during the period of reaction, as well as salts and inorganic material, and despite these effects the body-weight seems to increase in a large proportion of cases, the conclusion is unavoidable that hydriatic treatment not only increases retrograde metamorphosis in all directions, but also enhances the building up of tissue. Therefore, hydrotherapy is capable of promoting tissue change in every direction.

#### MODE OF APPLICATION.

The means employed to apply water are innumerable. Much elaborate apparatus has been devised for use in fully equipped Spas, but for general use these are not essential, since all the principles upon which hydrotherapy is based may be utilized through domestic appli-

ances. The ordinary full bath, partial bath, shower and douche baths, the wrapping in wet blankets and the application of compresses are the most important means by which water is applied. In all these measures water is used essentially as a vehicle for the application of heat and cold.

The following prescription for a tonic bath or treatment will illustrate the methods employed for correctly applying hydriatic procedures to stimulate and control physiological reactions in the human body.

Electric cabinet or hot air bath to perspiration five to ten minutes, with cold applied to head. Circular douche or needle spray at 100° to 90° F., one-half to one minute. General jet or fan douche 80° to 60°, twenty pounds pressure, ten to twenty seconds, or Scotch or jet douche applied to spine and body thirty seconds—beginning at 90° and decreasing to 60° at a pressure of fifteen to thirty pounds. In Spas or institutions hydriatic treatments are often followed by a short massage and alcohol rub.

#### CONCLUSION.

Hydrotherapeutic procedures will produce a tissue metamorphosis and neurovascular training which will alleviate or cure many acute and chronic diseases. When combined with massage, medical gymnastics and Walter Camp's "daily dozen," they will furnish the laity with a scientific substitute for osteopathic and chiropractic manipulations.

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### MENTAL THERAPY.

By L. P. GERRISH, Lisbon Falls.

By mental therapy, in this paper, is meant the treatment of conditions wherein the mind would *seem* to become instrumental in effecting cure.

I shall treat briefly: (1) Mental therapy of true value; (2) Mental therapy of questionable value, or detrimental therapy; (3) I will try to point out the etiology, and show reasons for the growth of therapies, and would, in all humility, suggest a few thoughts which may be in the interest of human welfare.

Mental therapy has its place in medical treatment; it should be used by those *skilled* in medical science, *not* by the *unskilled*. "That the

Read before Maine Medical Association June, 1922.

mental should dominate the physical is emphatically true, provided the mind is in a normal state, well balanced, and properly trained." Genial, kindly, cheerful physicians create an optimistic atmosphere; lowered conditions of vitality crave mental stimulus. As to the power of the mind in producing physical equilibrium there can be no doubt.

The results of employing mental therapeutics as a panacea for all ills are obvious. This leads naturally to mental therapy of questionable value, or detrimental therapy.

Why, in this generation, do we find a craving for some new form of treatment? True, the last decade has been one of unrest; "the world has been disorganized by war; standards and customs have changed; intellectual unrest is with us; an host of strange therapies, with new names, have come into being—new thought, free thought, mental healing, Christian Science—all purporting to be *new*. All are directed to the individual, exalting *his* importance, separating him in his interests from *others*, and emphasizing the supreme significance of *his* impulses, *his* desires and *himself*." Why this bizarre in treatment? Why this longing for the occult? Why this desire to be hoodwinked? Why smooth all human ailments by the mental route? Is not the cause somewhat within ourselves as physicians?

Let us divide diseases into three classes: \*First, acute; second, chronic; third, potential.

There is no question but that we physicians take excellent care of our acute cases; we devote our interest, energy and thought towards bringing to a successful termination an acute disease, receiving, generally, commendation, and in most cases the outcome is satisfactory. We are busy for a time; we are sympathetic; we give *service*. Even though the disease terminates unsuccessfully, most physicians, I dare say, are well thought of; sympathy and service have had their influence. In the realm of acute disease, Christian Science and New Thought "stand at attention, and behold fields well occupied, and under the leadership of Science and Art; therefore, they invade not."

Let us, secondly, consider chronic disease and the medical attitude towards it. To my mind, it is the chronic case, disappointed, like a ship without a pilot (but still a human life)—it is the chronic case, I say, that wends its way to the pastures of New Thought, there to bask in the sunshine of hopes *understood*.

Mr. Jones, middle aged, rotund and jocular, calls at your office; you find sugar in his urine; carefully card catalog him, if you will, and give him a serial number; tell him the usual story and have him return in two weeks. The diagnosis made, your interest lags, and in two

months' time you perhaps learn that his spine is being manipulated, seven times a week, for intercostal neuralgia, or that he is drinking to the lees the cup of some healing agency. Alas, hopes understood! Now where's the fault? Are we not at odds with ourselves in that we fail to get the viewpoint?

In medical school days we were taught to qualitate and quantitate; scientific methods and minds were ours; in the world we remember and cling to the scientific, but lose sight of the *human equation*. Using the diabetic as an example, how should he be treated? Not alone by diagnosing. His is a broken metabolism. His treatment should start with the ABC of living; he should be taught the "why and wherefore" of treatment; his own requirements, his own limitations; he should be taught the composition and caloric value of foods. By slow stages his knowledge and confidence increase; he cherishes the feeling of human interest. The doctor has been sympathetic; he has given *service*. And so I would say, *have a heart* for your patient with *high blood pressure*! Go with him into the paths and byways of life; help him to establish a living balance; teach him the "what and how much," the "when and how"; be versatile; be optimistic; talk in a language he can understand; get the hypertension viewpoint. Be exacting with your neurasthenic—he is exacting with you; be clever and ingenious; radiate helpful ideas. It occurs to me that we do not see our chronic cases often enough; we take too little interest in them, and have too meagre knowledge to impart. Thus it happens the individual seeks his fortune at some "Healing Monte Carlo," and the world goes on.

Let's not pass the "buck"; that buck is the soil for chiro-mental growth. This brings us, thirdly, to potential disease. Herein lies the opportunity of the medical profession. Almost everyone carries some potential condition. Do we get in touch with this class? If not, why not? "A stitch in time saves nine."

Here is presented something in which "broadcasting" might be of service. The power of the press is great. Should a physician lay claim in the press to special skill or unusual ability? He should not. The results of acute and chronic disease speak for themselves, but in potential disease it is different. Publicity is the most powerful force on earth in shaping public opinion.

What and how can we broadcast? Like the catchy words of savings banks and trust companies, seen over and over again in the daily press, pointing now to prosperity, now to ruin, *but ever urging thrift*, can we not broadcast the warnings of disease, ever urging conservation of energy and health?



Let's broadcast the necessity of periodical physical examination. Last month, in St. Louis, the chairman of the "Council on Health and Public Instruction" presented the following resolution: "Whereas, the need and value of periodic medical examination of persons supposedly in health are increasingly appreciated by the public, it is recommended by the Council that suitable forms for such examinations be prepared, and that they be published in the *Journal of the A. M. A.*; and that the county medical societies be encouraged to make *public declaration* that their members are prepared and ready to conduct such examinations, it being understood that the indigent only shall be examined free of charge."

Let's broadcast the necessity of knowing perfect and faulty food, the latter so often preparing the soil for bacterial infection. It has been stated that the two chief causes of disease are food and drink. Broadcast the necessity of knowing how to feed growing boys and girls; broadcast the necessity of knowing food balance and food values. People are eager to learn just how to feed their poultry or livestock; they are fussy as to what kind of oil they use in their motor cars, but care not whether their own food is pickled or decomposed. It is for us to instruct ourselves and broadcast our newer knowledge, so that prejudices may be broken, and the health and vigor of our people may be promoted. Health Departments are now doing this in their official bulletins. Each county and state medical association should maintain a publicity department, to collect and disseminate to the press information of popular concern. The school furnishes the medium, par excellence, for broadcasting. The courses and methods of procedure should be at once perfected. Health education *should* occupy our attention. In a report of the Council of Health and Public Instruction, last month, are these words: "We would venture to suggest that if strong committees of teachers are appointed in the states, arrangements might be made to hold a meeting of the State Teachers' Association and the State Medical Society in the same city, and in the same period, for one year, to consider the question of common interest, namely, 'the health problems in education'." Men, by refusing as a profession to use these most powerful weapons, medicine loses much, and on medicine's loss all kinds of therapies thrive.

And now, in general, in order to throw our influence strongly against the "craze of cults," we should have stronger organization. "In union there is strength." There are 1,105 physicians in this state; 748 belong to the State Association, 367 belong to the A. M. A. We should have a 100 per cent. registration.

As a profession, we should take more interest in legislation. As a member of the 80th Legislature in this state, I desire to say that in those halls the cause of medicine was like a child without its mother. On April 4, 1921, our chief executive said, in a state document, "The *individual* should be *free* to select his own method of treatment; the tax payer's money should not be used for the advancement of any one medical faith." To which, we might say, there is no desire nor intention of our profession to interfere with the freedom of the individual to employ any method of healing he may please, so long as the interests of public or individual health are not endangered thereby, but, "when dangerous tendencies crop out, it is the business of regular medicine, not only to take cognizance of them, but to endeavor to correct them."

In Maine we should have a bureau for the consideration of all legislative matters pertaining to medicine or the practice of medicine or to the public health, the duties of which shall be (in the words of a resolution adopted at St. Louis) :

*First*, to co-ordinate the activities of the several county associations.

*Second*, to ascertain and crystalize the opinions of the medical profession.

*Third*, to represent the Maine Medical Association.

Perhaps such a bureau is now in existence, but I am not aware of its activities. Through such a bureau we could approach legislative committees, bringing the facts and consensus of medical thought, and maintain our stand against tendencies towards mental or other therapies.

In conclusion and in summary :

(a) *Mental therapy*, in skilled hands, and directed in proper channels, is of distinct value.

(b) As a spurious growth on an uncertain world, it becomes a "detrimental therapy."

(c) It is for us to watch our own steps.

(1) By taking a more sympathetic interest in the equation; in my opinion, group medicine does not enhance that interest.

(2) By being more active in shaping public opinion, and by broadcasting our newer knowledge; by refusing to do this medicine loses. The solidarity of our people is due to the acquirement and dissemination of knowledge.

(3) By better organization, in general, and in matters pertaining to legislation, thus rendering us more alert in detecting dangerous tendencies, and giving us the ways and means to correct them; by fighting for a uniform examination on medical knowledge.

(4) By living and working in an atmosphere vitiated by the influence of New Thought, Suggestion and Spinal Adjustment.

To the left of us mental healing, to the right of us mental therapy, let us of the old school aim, as ever to give *service*.

THE PRESIDENT: The last words of Dr. Bolster's paper, "they will furnish the laity with a scientific substitute for osteopathic and chiropractic manipulations," are true, as Dr. Bolster has said. Dr. Whittier, of our program committee, had an interesting plan for us. He had wondered what good there was in these last two mentioned systems of practice, and in some others, what good really existed—and he thought there must be some—so he conceived the plan of finding four men in our Association who would search out that good and present it to us. Now, two of the four who were selected are present here this morning. One of them has given us a paper and another one is going to, but the other two, to whom we assigned practically—although we did not insist upon the use of those particular words—practically the subjects of osteopathy and chiropractic, after mature consideration, and even after the persuasive eloquence of Dr. Whittier had been exerted upon them, ducked their job. They could not find, they said, enough in those two systems to warrant them in meeting Dr. Whittier's desires. Now, last evening, the most of us heard Dr. Frothingham, in his very clear and reasonable way, set forth the results of his studies as chairman of a committee of the Massachusetts Medical Society appointed for that purpose. I am going to take the liberty of asking those who may have had it in mind to discuss Dr. Bolster's paper to defer that discussion until we hear from Dr. Gerrish on the subject of "Mental Therapy." You may translate that as you like beforehand, and Dr. Gerrish certainly has the liberty of translating it to suit his mind in his paper. I want to say incidentally that I think a good many of us will be pleased to have the opportunity to greet the man who did so much in our last Maine legislature. Dr. Lester P. Gerrish, of Lisbon Falls, on the subject of "Mental Therapy." [Applause.]

Dr. Gerrish reads.

THE PRESIDENT: For the discussion of the last two papers, I want to break over our custom and call upon one of the members to open the discussion—Dr. Whittier.

DR. WHITTIER: Mr. President and Members of the Association: What I will say will be very brief indeed. The responsibility has been put upon me for the last two papers and I am proud to shoulder that responsibility. My idea, as your President has said, was to investigate some of the cults that are more or less new and see what real foundation there was for them. I believed that there was some good in them, and I believed that there was a great deal of trash and

sham; and while the plan did not work out exactly as I hoped it might, the last two papers certainly have done all that I expected, and the address of Dr. Frothingham last evening did what I hoped to get done in reference to osteopathy and chiropractic. I thank you. [Applause.]

THE PRESIDENT: The paper is open for discussion.

DR. HAYDEN, of Livermore Falls: Mr. President, I do not wish to take up too much time in the meeting, but this is right in my line. As some of you know, I have charge of the physiotherapy at Parker Hill and the Veterans' Bureau. I have been in this work now about four years. It was wished on me in the army, and wished on a number of others who are still in the same work. We all tried to get out of it, but we found that they would not excuse us, so we had to stay in. I have found it very interesting and I have learned a lot, and we are solving some of these problems. Now I would like to make a statement here, and I hope no one will take offense at it because none is meant. A year ago last March—I think it was March, or April, 1921—I wrote to the Secretary of the Association and offered to give him a symposium on physiotherapy if the meeting was to be held in Portland. Now I would like to make that same offer for the next meeting if it is to be held anywhere within reasonable distance of Boston. My plan was to talk to you on physiotherapy, especially in its relations to psychotherapy, or psychotherapy in its relations to physiotherapy, then to ask two or three experts along these lines, including Dr. Fred Morse, of Boston, a former Maine man, to assist. The latter is an enthusiast and a very original man. They would all have been good, straight, reputable practitioners and all searchers for the truth; and, as I say, I will repeat that offer now. I do not know why the offer was not accepted before unless it was forgotten, or unless they were afraid to give us a chance to talk about it; but I think it was simply forgotten. When I made the offer, the meeting was to be held in Bangor, which was a little far for these men. I am very sure I can get them to come here and talk, and they all talk well and they all know their subjects. I do not know just what they would talk on; I would leave it to them. I have run up against chiropractors—we have had them in our department—osteopaths, mechanotherapists, and a half dozen others that I cannot remember. Psychotherapy is very much mixed up with physiotherapy, I have found in my own department. An interesting case came under my observation when I was in St. Louis. A man came back repeatedly to the department and we would discharge him each time as cured. We bated his back, massaged it and gave him exercises, but he kept coming back. He was a mental defective. I said that I did not want him back in my department and that I was going to see if I could not cure him. So he came in and I turned him over to the proper person, who said she could not make any impression on him. I said, "All right, I will try him myself." They had him in the room where the vibrator was, and I gave him a vibration which was very active, one that I would not take myself for one hundred dollars, but he paid no attention to it at all; it did not bother him a bit. I gave him the full strength of it, and he lay there and purred and wanted to know when he should come back for treatment. The next time I had him put in another room where I had a Victor Wass, a big machine. I gave him about the same vibration and he relaxed very well. There wasn't a thing the matter with him except his mental attitude, and he wanted treatment. He liked to have the girls massage him, and I don't blame him for that; but we had enough to do without being bothered with him.



I turned that machine on all I dared to and I ran the electrode up and down his back. I raised a blister all up and down his spine, and he lay there and took it and never said a word. He said, "Doctor, when shall I report for treatment again?" He said, "That is a fine treatment." I said to him, "You are cured and you will never need any more treatment for your back," and he did not come back. [Applause.]

DR. WEBBER: Mr. President, I like to make the suggestion that before this session closes we take some action on the suggestion of Dr. Gerrish, of Lisbon Falls, concerning a committee of publicity. I personally am in accord with every statement he has made, and I feel that before this Association dissolves its meetings we should do something toward having an active committee on that line.

THE PRESIDENT: I have already suggested privately to our Secretary that he reply to that suggestion of Dr. Gerrish's. He declined when I asked him privately on the ground that his report answers it. Now won't Dr. Bryant briefly tell us this time where we stand?

DR. BRYANT: Of course we have not brought in the report of the House of Delegates as yet. This matter will all come in when we bring in the report of the House of Delegates this afternoon, and I think that at the present time it would not be well to anticipate that. You will then have an opportunity to discuss that report, and, if any further suggestions are to be made to the House of Delegates, we will be glad to have them at that time. I think that your House of Delegates, and especially your officers, are fully aware of the necessity of getting into the limelight and of having a certain amount of publicity as to the good things which are occurring in the practice of medicine and what the physicians are doing and attempting to do, mainly, perhaps, to start a backfire against all the adverse criticism which comes to us through the matter of cults and the matter of patent medicines which are advertised all the time before the public as something which they can do which the doctor cannot do; that, for instance, "we have tried so many doctors, and one bottle of this is better than all the doctors." We have not as yet tried to start any backfire. I think we have really got to have a publicity committee and we have got to get out of our own little corner and the idea that we are treating simply an individual, and get more into the community work and the community service, and through that community service make the advertising for the medical profession. You have today, through your Committee of Public Relations, the absolute control of all the public health work in the State of Maine. That has been brought about by the appointment of this Committee of Public Relations, and I think for the first time in this state, or in any state, we are put on the public health program by advertising in a quiet legitimate way, which you will find will be duplicated by a great many states in the Union in the next few years. The public health program of the Maine Public Health Association, which was gone over very carefully by your Committee of Public Relations, is going to be, I believe, one of the best advertised schemes of public health for the physician and for the health of the community, and I think probably we shall need something more in addition to that. At the last meeting of the A. M. A., we voted to publish a lay public health journal which will be sold on all the newstands just the same as the popular magazines, in which the good things of medicine, of the public health, and of the practice of medicine will be placed in the hands of the laity, and a campaign of education will be started. The physicians are commencing to awaken to the insuf-



iciency of the old, old method of individual contact with the patient. That is all well and good, but the patient and the public demand a great deal more of the physician today than ever before. We have our opportunity now to lead in the medical thought of the State of Maine. The whole thing is in your hands. You can guide the machine and sit on the front seat or you can get the dust behind the "flivver" two or three years from now, just as you wish. It is all up to you. It is time the medical profession of the State of Maine awakened and took its legitimate place at the head of the procession. [Applause.]

THE PRESIDENT: Gentlemen, we never have been able, in the forty years that I have been observing things, to get a speech out of Dr. Augustus Thayer. He was our Treasurer for a great many years; he was our President. He has not appeared at our meetings, so far as I am aware, until this moment, and if we can induce him to stand up and bow to us, I think we would like to greet Dr. Thayer. [Applause.]

DR. AUGUSTUS THAYER: Gentlemen, I had no idea when I came into the hall that I was here for exhibition. I used to know you all, members of this Association. As I look over the faces now, I see but very few that I formerly saw when I came to these meetings. I don't know, Mr. President—

THE PRESIDENT: This is the nearest to a speech that I ever heard Dr. Thayer make.

DR. THAYER (continuing): I will say that fifty-eight years ago this month I joined this Association, and I have been a member ever since; they never fully kicked me out. I used to take very great interest in the Association. I think I did a good deal of work for quite a number of years, but of late years I have got older and the most of my associates have passed on, and I have not attended nearly as frequently as I used to do, and, of course, have not the interest; although I still have an interest and am glad to know that the Association is in such good condition and doing such effective work. [Applause.]

THE PRESIDENT: Now, gentlemen, there is a lot more, of course, that might be said in the discussion of these two papers, and I think something more ought to be said. Who will speak now? [No response.] If no one, has Dr. Bolster something to say to us in rebuttal?

DR. BOLSTER: Mr. President and Gentlemen: I listened with a great deal of interest to Dr. Gerrish's paper. I think Dr. Gerrish has outlined the correct view that the physician and medical fraternity should take in regard to the treatment of chronic cases. I think the treatment of chronic cases, including the teaching of physiotherapy, and the benefits to be derived from massage and hydrotherapy, have all been in the past neglected in the medical school, and that is the reason, in my opinion, why these different cults have grown so rapidly in popular estimation. I have a peculiar class of patients. A good many of them are wealthy people who live in the large cities. They try all of the specialists in the large cities, go there to Poland and want to get cured. A good many of them are neurasthenics. We get some hypertension cases, of course. Now take the neurasthenic and explain to him that by taking massage or treatments in hydrotherapy the small blood vessels which have become inactive due to age—that the elasticity of those vessels would be increased and take on some of the elasticity that they had in previous years by the scientific application of changes of temperature and massage—explain those things—blood changes and the cell metamorphosis—and explain to them that these treatments are eliminative, that

they carry off the accumulated waste products, stimulate the kidneys, stimulate the ductless glands, and it is not very long before they will take treatments and feel better. They get a real benefit, and they feel better for a long time afterwards, if properly treated by hydrotherapy, massage and medical gymnastics, especially people past middle life. This past week I had two patients that were going from Poland to Lewiston to take osteopathic treatments. They came to Poland to rest. They were neurasthenics, both of them, and they got sick and called me in. I explained to them about massage and hydrotherapy, had them take a treatment of massage first, and gave them a tonic bath. They felt better. After they had one or two treatments I sat down and talked with these patients. I said to them, "Is there anything that you get in osteopathy any better, that gives you any more relief, than you get in a scientific massage?" Both patients said that they got better treatment and more relief and felt better after a massage and a tonic bath than they did from any osteopathic treatments they had ever received. Now the osteopaths tell them all sorts of things in regard to drugs and the treatment of medical men which are not correct; they give them wrong ideas and they take a great personal interest in the patients they are treating; they talk to them a good deal and make perfectly absurd statements to them. Now I think that if the medical students in the schools were trained in the principles underlying massage, hydrotherapy and mechanotherapy, that the people—the laity—would turn to the scientific side of treatment, leave these poorly organized, and, one might say, fake cults and turn back to proper medical treatment. I think, as I said before, that the greatest failure among us medical men is correcting the neurasthenic and the chronic cases. [Applause.]

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## *Case Reports.*

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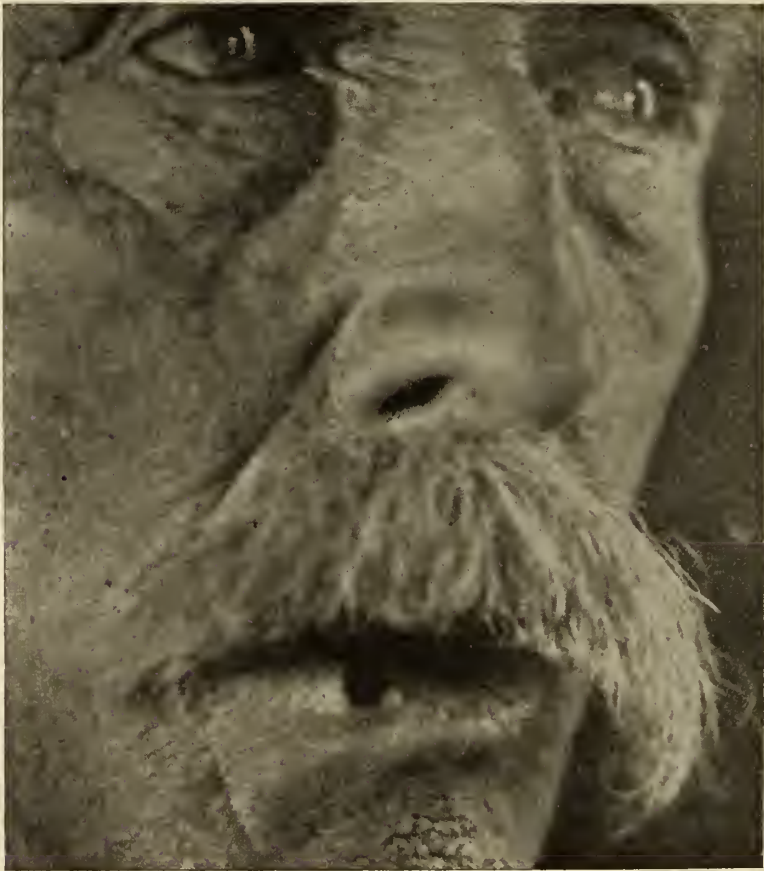
### **RADIOTHERAPY IN THE TREATMENT OF SUPERFICIAL MALIGNANT DISEASE.**

By ROYCE B. JOSSELYN, M. D., Portland, Maine.

The publicity given to the subject of cancer by the Public Health and allied Boards has done considerable good in bringing the cases to the doctor early. This is a very important factor for success by any means of treatment, as has been stated many times by different writers, yet never too frequently. The senile keratosis of today may become the fast-growing carcinoma in a few months or years.

Treatment with Roentgen rays or radium is especially adapted for lesions of the face, where excision, no matter how well done, will occasion a considerable loss of tissue. And a facial deformity is no more desired by the aged than it is by the young.

Nearly all of the superficial malignancies can be successfully treated by radiotherapy. For the very superficial lesions, the dosage of X-rays varies from  $1\frac{3}{4}$  to  $2\frac{1}{2}$  skin units, with the surrounding healthy tissue carefully protected with lead foil. This dose, or a slightly smaller one, is repeated in from four to six weeks. If redness is present in four weeks, further treatment is delayed until six weeks has passed from



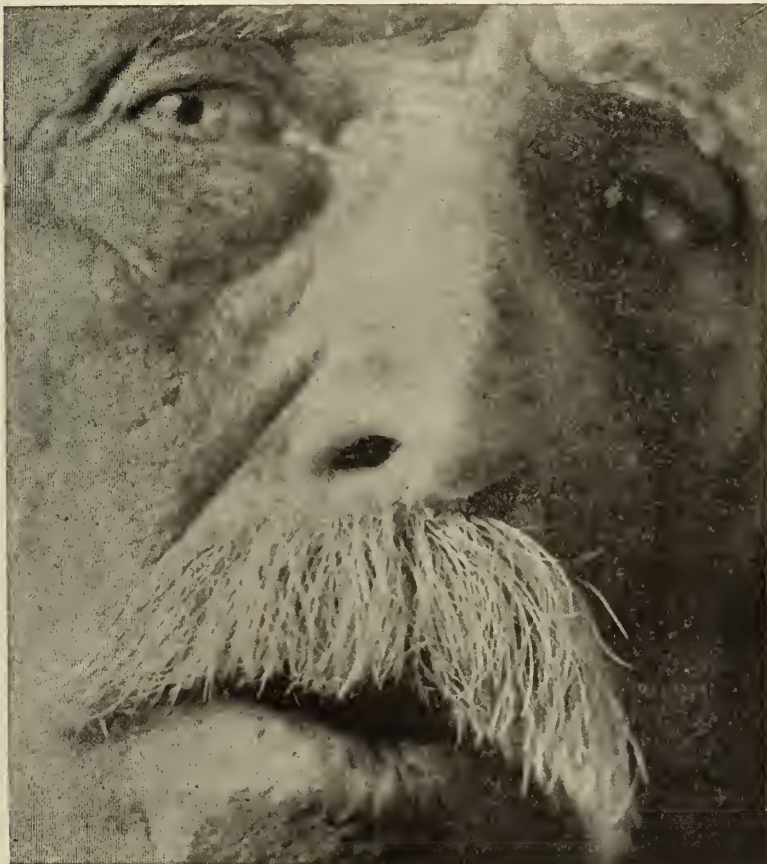
CASE A. SQUAMOUS CELL CARCINOMA BEFORE RADIUM TREATMENT.

time of first treatment. We rarely wait longer than six weeks before repeating the treatment. It is sometimes necessary to repeat several times before desired results are obtained.

Thicker lesions receive heavily filtered X-rays, the strength of current, distance, amperage and time of exposure being all increased to

correspond to the "deep formula," consisting of 5 milliamperes, 9-inch spark gap and 10-inch distance. The filter used is aluminum. A high voltage transformer and a steady current are essential.

Rays from small low voltage machines will not be effective. In fact, it appears that the tissues obtain a tolerance to the long wave lengths, so that after a series of treatments with improper low voltage,



CASE A. AFTER RADIUM TREATMENT.

even a massive dose of rays may not influence the lesion. For that reason, it seems wise to commence treatment with heavy radiation.

Neighboring lymph-node areas have been treated with heavily filtered Roentgen rays to point of saturation in every case.

While it is obvious that the majority of these lesions, carefully



screened, receive a very heavy dosage, it must be emphasized that surrounding parts must be carefully protected and that the skin is not over-treated. Atrophy of the skin and telangectasia are sequences to be avoided.

Squamous cell Epitheliomata occur especially on the skin of the back of the hands, and many times at the junction of skin and mucous membranes, as the lips. This type is often fast growing, and if early metastases have occurred, the prognosis is poor. Radium has been used in the majority of these cases with filtered X-rays over neighboring gland areas.



CASE B. BASAL-CELL EPITHELIOMA BEFORE  
ROENTGEN-RAY TREATMENT.

The basil-cell epitheliomata occur commonly on the nose, forehead and face, and rarely give rise to metastases, but may destroy much tissue by invading the deep parts. Two full erythema doses of X-rays are applied to these cases, and sometimes a slightly larger dose. This is frequently preceded by electro-coagulation by means of the high frequency spark.

In lesions of the eyelid, radiotherapy is especially indicated, as ectropion is so prone to occur following other methods. Careful protection of the conjunctivæ, as of all healthy tissue, should be carried out.

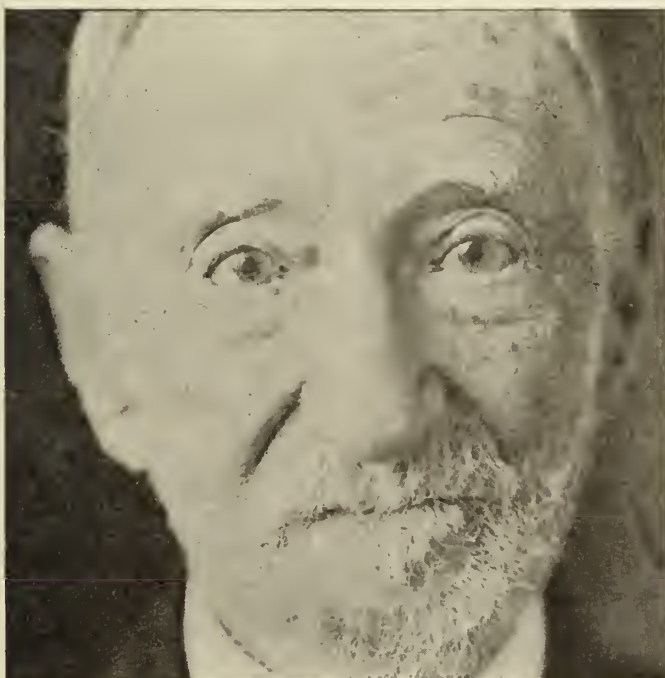
In practice, the larger percentage of cases are between the ages



of 60 to 80, and a much smaller percentage from the ages 35 to 60. This applies to epitheliomata, of either variety, particularly on the face.

The practice of cross-fire, either by radium or the Roentgen rays, is carried out in every case wherever possible and is very important in the thickened, rapidly-growing lesions and where the deeper tissues are involved.

Possibilities of success are diminished by previous incomplete treatment, either by caustics, radiation, excision, or any method that only partially destroys the disease.



CASE B. AFTER ROENTGEN-RAY TREATMENT.

It is believed that treatment with high voltage transformers, using only rays of short wave length, will be an invaluable aid in combating malignancies other than the superficial ones dealt with in this paper. Such treatments are now being given to a series of recognized inoperable cancers.

In malignant disease treated surgically, it is generally believed that deep radiations before and after operation are desirable and beneficial. This practice of combining the two methods in the proper cases is a progressive step forward in the scientific treatment of cancer.

Two cases, with accompanying photographs, are reported as follows:

CASE A.—Male, aged 72. Squamous cell carcinoma of the right lower lip, no palpable glands in the neck. This case was treated with radium applied to the lesion and cross-fired. Filtered Roentgen rays were applied to the chin and both sides of the neck.

CASE B.—Male, aged 84. Basal cell epithelioma bridge of nose. Patient says irritation of nose-piece of glasses first caused a sore there several years ago, which gradually grew larger until it extended slightly over the lateral aspect of the bridge of nose. The treatment given was Roentgen rays without filter from both sides (cross-fire), allowing the rays to overlap in the center.

### INTRAVENOUS MEDICATION MADE SAFER.

By H. R. WHITNEY, M. D., Portland, Maine.

Because of the real importance of filtering all solutions given intravenously (unless already so prepared in ready-for-use packages), it seems pertinent to refer to a recently developed device which ought to effectually reduce the number of administrations of non-filtered solutions to a very low minimum.



**A. The filtering adapter . B. Cavity in adapter holding filtering cotton.**

This device is reported in an article entitled "A Filtering Adapter for the Administration of Neo-Arsphenamin," by Jay F. Schamburg, M. D., appearing in the July 15, 1922, issue of the *Journal of the A. M. A.*, page 216, and is made by Becton, Dickinson & Co. It is simplicity itself.

The device consists of a small glass tip, about 30mm. long, somewhat bulging in the central portion, and hollow, with one end ground to

fit on to the tip of an ordinary Luer syringe, the other end ground to fit into the connection of a Luer needle.

A small quantity of absorbent cotton is placed in the bulge before boiling, thus producing an effective filtration device without any of the deterrents of ordinary filtration as heretofore practiced, such as extra apparatus, excessive exposure of some solutions to the air and loss of solution by absorption in the filter.

Having used this device continuously since it first became available, it is my firm belief that no intravenous medication should be given without this filtering adapter being used, unless the medicament has already been filtered by the manufacturer and is ready for use. The tendency has been very prevalent to neglect filtration, especially when giving neo-arsphenamin, and this neglect has done considerable harm. Now there is a readily available means to prevent this fault of technic, and this without additional effort on the part of the operator.

These remarks apply especially to the "syringe method" of administration.

## *Necrology.*

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HARRY ROSWELL FARRIS.

Oxford, 1874-1923.

The Roll of Honor of the war veterans of the Maine Medical Association has begun to unfold, and upon one of its earliest opening spaces we insert with sadness the name of Harry Roswell Farris, of Oxford, one of the few medical men of this nation to receive the decoration of



HARRY ROSWELL, FARRIS.

the Order of the Silver Palms, the highest honor granted by friendly France to foreign physicians. And when we reflect upon the sorrowful fact that the disease which separated him from his family and from us forever was established in his service abroad, our sadness is but emphasized.

After a long and painful illness, this honorable officer of our State Guard and veteran in the medical service of the great war so lately finished, died in his native village on the 23rd of March last. He was a

private in the National Guard before the war, became a surgeon and Captain in the Coast Artillery Corps in 1917, was promoted as Major to Augusta, served then at Westfield Camp as inspector of the 103rd Infantry, and arrived in Europe in October, 1917. His final retiring rank for medical service was that of Lieutenant-Colonel. His labors in France consisted largely in the improvement and carrying forward to active usefulness a large Red Cross Hospital near Paris, where, amongst several hundred patients under his charge, he had excellent results with pneumonia. He was proud of a list of forty cases with but four deaths, and those from brain complications after the lungs had cleared up.

Immediately after the armistice of 1918 he received the Silver Wreath of the Order of Palms from the French government, the highest order granted to physicians. This was suspended from a royal purple ribbon, and of it he was exceedingly proud, as he deserved to be. It was for planning and making arrangements to take care of the sewerage of the large Red Cross Hospital that he believed the decoration was given to him, for when he took charge of it it was useless and in a bad sanitary condition.

Outside of his military service, we note that Dr. Farris was born in Oxford, January 25, 1874, the son of William Roswell and Erta McAllister Farris. Hebron educated him, and the medical department of the University of Vermont put its seal of honor upon his medical studies in 1899 as a gold medalist. He settled in Oxford at once, practiced there the rest of his life, and married Miss Mamie Prince Blake, who, with two daughters, survives him.

Immediately after his arrival home from the war, in association with two other doctors, he established at Oxford a sanatorium for ambulatory tuberculosis cases and was obtaining excellent results when death intervened. He had a large country practice, but did not attend to anything but ordinary minor surgery. His own fatal illness, lasting several weeks, was due to erysipelas starting beneath the left ear from a primary infection which was established in Paris, and this was followed by encephalitis, from which he died.

Those of our members who were present at the ever memorable entertainment of our association by the Rickers, of Poland, will recall the very excellent paper on "The Senile Heart" which Dr. Farris read and defended so fluently and which was received with so much enthusiasm.

J. A. S.

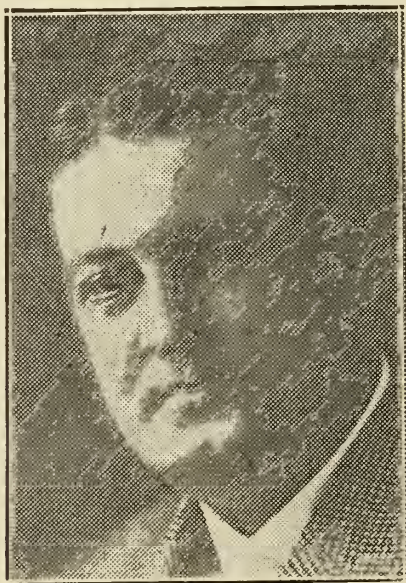


## WILLIAM HENRY HAWKINS.

Lewiston, 1870-1923.

It is always a hard fate for a physician to be afflicted with an incurable disease, for he has to look death in the face instead of trying to cheer those of his patients who are afflicted in a similar manner. Early in the winter just passed, Dr. Hawkins was attacked with an incurable cancer of the larynx and adjacent tissues, which, in spite of the best of skill obtainable anywhere in the country, proceeded to a fatal issue on the 14th of April last.

He was born, the son of Lorenzo Plaisted and Mary Reed Haw-



WILLIAM HENRY HAWKINS.

kins, in Lynn, Massachusetts, on the 6th of May, 1870; was soon brought to Portland, educated there and at Westbrook Seminary, and obtained his medical degree at the Johns Hopkins School for Medicine, after which he went abroad to complete his studies. He also took post graduate courses in metropolitan centers. He belonged to the staff of the local hospitals, was a city and police surgeon and took care of the operatives in the local factories. During the war he served as an army surgeon and attained the rank of Captain.

Dr. Hawkins was a man who was not given to writing medical papers or to discussing them, but was a man of exceeding skill in surgery. Beyond that, he was a man of great ambition, unfailing in good

humor, constant in his attendance upon his patients, sympathetic and cheering in his visits, and one whom you might call really more successful in his practice as a humane personage than as a mere physician or surgeon.

J. A. S.

### JAMES EDWARD KEATING.

Portland, 1863-1923.

No more shall we see upon our streets the big, burly, sturdy face and form of our genial friend, Dr. Keating, for, after an illness which never seemed capable of an exact diagnosis and extending over a period of more than four years, he has gone to his last reward. Unlike other members of our profession who are called upon to face an attack of acute illness, which removes them from us in a short time, Dr. Keating had been resting on a bed of pain and illness for all those years and few of us had seen him in this interval or recognized the fatal possibilities of his illness.

James Edward Keating, the son of Patrick and Bridget Brennan Keating, was born in Portland, June 7th, 1863, educated in Portland, and was at the head of his class in the high school at the age of sixteen. He pursued his studies at Holy Cross College, was graduated there, and again with high honors, and finally obtained his medical degree at the Medical School at Bowdoin in 1893, and once again with great promise and high honors as a student.

After a year as interne in the Maine General Hospital, he studied in Berlin and then practiced in Portland for the rest of his life. He was connected with the staff of the Maine General Hospital and with that of the Children's Hospital, and was instructor in internal medicine at Bowdoin. Later on he became a full professor in the same branch of medicine and proved a remarkable instructor, as he had the gift of teaching and was admired by his students.

He was a great reader of practical medicine and of general literature, having a library of excellent books in his possession, and was endowed with a wonderful memory. His skill in diagnosis was excellent. He was a ready speaker and good debater on papers read by others, and in a brief time he made an indelible mark on the history of medicine in Maine. Dr. Keating was very much of a politician at one time and was very fond of playing the game of politics in the chess board of public government, but never accepted public office.

J. A. S.

## HENRY PUTNAM MERRILL, JR.

Portland, 1875-1922.

When I first came to Portland I was often in the home of Dr. Henry Putnam Merrill, on the corner of Congress and Hampshire Streets, later occupied by Dr. J. T. Palmer. In that house was born, on May 14, 1875, Dr. Henry Putnam Merrill, Jr., whose sudden and unexpected death at the Brooklyn Navy Yard on September 25, 1922, caused much regret. He had, indeed, submitted not long before to an operation for straightening a finger, but it was not supposed that the pneumonia infection originated from that cause.

He attended Dartmouth for a year in the class of 1898, but did not graduate. He studied medicine at the Bowdoin School for two years and finally obtained his degree at Cornell in 1901. He practiced medicine in Portland immediately afterwards until the outbreak of the great war, when he entered the U. S. Navy, examining recruits for services at various posts, and he was in the service at the time of his death preparing for a three years' cruise to the far East.

Dr. Merrill is survived by a widow, Abbie Louise Sargent, daughter of William Livermore and Naomi Farmer Sargent, of Boothbay Harbor, and pleasant memories cling around his name whenever it is sympathetically mentioned by those who knew him well.

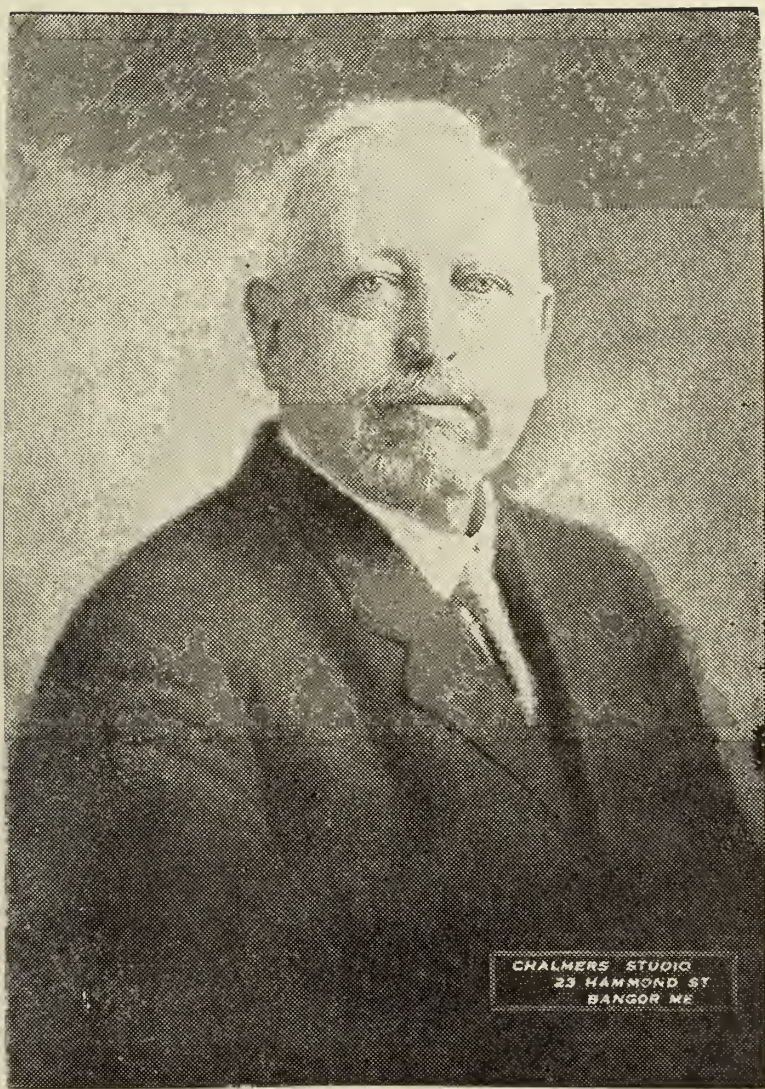
J. A. S.

## EVERETT THORNTON NEALEY.

Bangor, 1858-1922.

The guiding star of Dr. Everett Thornton Nealey in his long and successful career of medicine and surgery in Maine was ingenuity. As a boy he constructed a microscope and with it examined plants and such tissues as he could obtain. Working meanwhile in a shop with his father, nothing could prevent him from striving to get out of it into the field of medicine. He began his studies in this science at the Bowdoin School about 1883, carried with him his microscope and slides, and as he was the best man in the college for this purpose, he soon became instructor in microscopic histology in the medical school, and his graduating thesis was on "Medical Microscopy." Although he practised in Bangor, he continued his connection with the school for some years, until 1895, when he went abroad, and there first saw the wonderful pictures of the human body made by the newly invented X-rays. In this toipc he became zealously interested, and as early as 1903 his office was perfectly equipped with the most costly and reliable apparatus of this sort. From that time on he devoted his life to radia-





EVERETT THORNTON NEALEY.

tion and read at many medical meetings, interesting and technical papers on the value of X-rays in every form of cancer. Never was anybody so enthusiastic over any hobby as was Dr. Nealey over the X-ray, in that he had discovered the most positive cure for cancer. He lived only to find, to his extreme regret, in his declining years, that this grievous disease remained unconquered.

Dr. Nealey did not often attend the medical meetings in Maine, but occasionally took part in the debates concerning other papers, and he was at one time honored with the presidency of the Penobscot County Medical Society. He was one of the five original founders with Simmons, Mason, Hunt and Baxter, of the Eastern Maine General Hospital, and he lived to see its splendid work carried on widely in that part of the state. As a surgeon he was extremely bold, attacking fearlessly the most difficult operations, and coming through them successfully. As a physician he was careful in his diagnosis, but not much given to the exhibition of many drugs.

Amongst the mere historical facts concerning the career of Dr. Nealey as a citizen of Maine, we should not forget to state that he was born on November 8, 1858, at Nealey's Corner, in Hampden, the son of John Nealey, Jr., and Catherine Simpson Nealey, of that village. In 1885 he married Miss Helen Coombs of Bangor, and is survived by her and two promising sons.

The end of his life was saddened by a long illness with pernicious anaemia, and although he consulted medical friends at home and in the metropolitan centres, he obtained no relief. Going back to Bangor, he died at the Grace Hospital suddenly, on Sunday morning, November 25, 1922, in his sixty-fourth year. Pleasant memories hover over his story in life.

J. A. S.

#### FRANK EUGENE SLEEPER.

Sabattus, 1846-1923.

After an illness of two weeks from pneumonia the veteran Dr. Sleeper died in Sabattus, May 2nd, 1923. He was born in Lewiston, September 12th, 1846, the son of Ebenezer Herrick and Sarah Nash Sleeper, and was educated in the schools of Lewiston, obtaining the first diploma ever granted to a graduate of the Lewiston High School. Immediately afterwards he entered Bates College and was graduated in 1867 in the first class ever graduated, and here again he received the first diploma ever issued by that well-known college. At the time of his death he was one of the only three living members of his class.



After graduating at Bates he acted there as tutor in Greek and Latin, and while thus occupied he became equally interested in medicine, studied in the office of a Lewiston physician and obtained his degree of M. D. from the Bowdoin Medical School in 1870. He settled in Sabattus in the same year and practiced there the rest of his life, soon gaining a hold on the affections of the people, which he preserved for more than fifty years, and obtaining a reputation for remarkable medical skill and a genius for winning the confidence of all to whom he administered. An increased amount of practice in April last led to overwork and hastened his departure from the scenes of his labors.

Dr. Sleeper was much in demand as a town officer and devoted fifteen years of his life to distinguished care of the schools. He served on the staff of the Central Maine Hospital for a while, was state senator for two terms, a member of the Lewiston city government for two years and an overseer of Bates for several years. He was a very excellent speaker in medical and friendly societies. As a thirty-third degree Mason he was probably the best known member of the order in Maine.

After settling in Sabattus, he married Miss Amelda Louise Gile, who died in 1878, leaving him with an infant daughter, Winifred. Two years later, he married Miss Helen Nash, of Lewiston, who survives him.

J. A. S.

### JOHN FRANKLIN THOMPSON.

Portland, 1859-1922.

When a physician has practiced medicine in any one place for forty years people know all about him and have formed their own opinions of his value to them and to the community. Hence it seems at first glance as if nothing new could be said concerning the career of such a man when his time has come to join the majority. Dr. Thompson, who died on Wednesday, December 27, 1922, from acute pneumonia, was one of those personages, and after all that has been printed and said concerning him, it seems difficult to add anything more. Yet a careful study of what he accomplished for medicine reveals much previously unreported, and which, for the sake of the medical history of Maine, deserves to be put on record in our JOURNAL.

John Franklin Thompson was born in Eastport, October 14, 1859, the son of Captain John and Sarah Wood Thompson, was early brought to Portland, where he was educated in the public schools and graduated with high standing at Dartmouth in 1882. He went to France in the following autumn, then began medicine at the Portland

School for Medical Instruction and obtained his degree at the Bowdoin School in 1886. During his studies he was directed largely by the late Dr. Seth Chase Gordon, so that his mind was steadily turned to gynaecological surgery, and on that topic he wrote for a graduating thesis. He then settled for practice on the prominent corner of Congress and High Streets in Portland, largely helped by Dr. Gordon.

Dr. Thompson served as City physician for two years and was early elected to the surgical staff of the Maine General Hospital, in which position he served many years. He was also chosen later as a director of this beneficent institution, and in this office was of infinite help in keeping smooth the relations between the staff and the directors. It is difficult not to exaggerate what he accomplished for both sides in this dual position.

Dr. Thompson was an active member of our Association for many years, always present at its meetings, always having something to say, and reading excellent papers, such as one on "Fibroids Complicating Pregnancy" and another "A Successful Tracheotomy." His advice in parliamentary exigencies and his skill in discussions made him a shining light and an example of force with courtesy. He had a large clientage, was a man of careful diagnosis yet simple medical treatment; he was interested in his patients, in their diet and exercise, and was beloved by all. Few practitioners have been so much thought of as a man in the community, apart from his position as a physician.

He served for many years as instructor and professor in gynaecology in the Bowdoin Medical School. The last year of his life was cheered by a well-deserved election to the Presidency of the New England Surgical Society. Two interesting characteristics in the life of our comrade should never be forgotten, his devotion to Dartmouth and his love for the farm at Blackstrap. He visited his college oftener than most alumni, gave to her abundantly as he could afford, and to his farm he devoted as much time as could be spared from a busy practice. At the end of long days of labor, he loved to look at the wide landscape visible from the piazza at the farm.

Dr. Thompson made several voyages to Europe and whilst across the water he took great pains to visit places of medical attractiveness. He attended a Congress in London; he visited tuberculosis hospitals in England, and he went to Norway and took especial pains to visit the leper colony at Bergen. The highest attainment of his surgical life was when he went to Amsterdam and Berlin to discuss, with famous surgeons there, a case like that which he had described in a very brilliant paper entitled "Ovarian Pregnancy, with report of a case," which

he had previously printed in *American Gynaecology*, and which had attracted world-wide attention. He was, as we can well understand, delighted to be the only man from America who could match a similar case abroad and speak of his own convincingly.

Every notice of the successful medical and surgical career of Dr. John Franklin Thompson would be incomplete without a very kindly remembrance of the devotion and sympathy given to him through their long married life by his wife, who was born Mary Brant Little, and who now survives him. Their partnership was one of intense and friendly devotion.

J. A. S.



WALTER EVERETT WHITNEY.

### WALTER EVERETT WHITNEY.

Bangor, 1865-1922.

Our lamented comrade in medicine died suddenly of uræmia at the Eastern Maine General Hospital, Monday, November 28, 1922. He had seen patients at his office on the previous Saturday, and had had a very successful career in later years as a specialist in diseases of the eye, ear, nose and throat.

Dr. Whitney was born in Richmond, January 26, 1865, obtained his

medical degree at the Jefferson Medical School in 1893, practiced as a physician at Richmond and Oakland, took a post graduate course at Philadelphia, practiced in his specialties with Dr. Hill, of Waterville, and finally settled in Bangor in 1909, on the death of Dr. Harry Butler. He went very early into the activities of the late war, arose to be a Captain in the Medical Reserve Corps, did excellent service as eye and ear examiner of aviators at Camp Devens, Mineola and in Texas. Additionally at these camps, he devoted much of his time to brain surgery, a topic much neglected up to this date in Maine.

Returning from the war, however, his health gradually failed. He was not only on the staff of the Bangor Hospital, but he had been lately elected to the presidency of the Penobscot County Medical Society. In this position he did good work until carried away by death. He was square and honorable as a physician and a citizen, and of a strong personality which appealed alike to those who saw him and to those who knew him well. He is survived by a widow, Annie Sarah Odiorne, of Richmond, and two sons.

The half-tone at the head of this brief notice gives some idea of the commanding presence of our former comrade.

J. A. S.

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### NEW AND NON-OFFICIAL REMEDIES.

During May the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-official Remedies:

Connaught Antitoxin Laboratories:

Insulin—Toronto:

Insulin—Toronto, 5 c. c. vials, 5 units in each cubic centimeter.

Insulin—Toronto, 5 c. c. vials, 10 units in each cubic centimeter.

Mallinckrodt Chemical Works:

Arsphenamine—Mallinckrodt:

Arsphenamine—Mallinckrodt Ampoules, 0.1 Gm.

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## THE ANNUAL MEETING OF 1923.

Many of our members accepted with doubt the vote of the Association in June, 1922, to have the annual meeting at Houlton for the following year. They feared that the long distances and the time needed to reach Northern Maine would militate against the success of such a meeting. We have, however, now to emphasize the perfect success of the entire plan and to express the very friendly opinion that everything was perfectly carried out, and that in another ten years we shall look forward with extreme pleasure to repeating this very interesting medical experience.

The towns in which the meetings and banquets were held, that is to say, Houlton and Fort Fairfield, were beautifully decorated with flags, the arrangements for receiving and recording visitors were perfectly carried out and the badge for identification of members spoke louder than mere words. All that each member present needed was to scrutinize his neighbor's badge and in an instant to know his name. The business carried out went off successfully, and we were especially gratified with the vote to remember those members who were happy to arrive at the end of fifty years of medicine and by the additional money handed in for carrying on the JOURNAL. We regret that the Association failed to protest against deductions from income for expenses of attending conventions as a necessary part of our business. We hope, however, that every member will think this over for himself and personally call the attention of the Commissioner of Internal Revenue or of his Congressmen to his private opinion of the value of conventions to public health and to the entire loss of his income in attending them.



The programme as arranged by the committee was well carried out, and the discussions following were satisfactory, although not perhaps so complete as they might have been. We regret that more attention was not paid to obstetrical papers, and that a discussion on modern obstetrics was not provided and carried out as it should have been. We hope that in 1924 the Association will be alive to this important business.

The finest exhibit of Aroostook County, though not connected with the meetings precisely, was the lying-in rooms in various hospitals and the Association room attached, in which the charming bits of humanity awaited their opportunity for breast feeding.

The presence of our fellow practitioners of medicine and surgery from across the line in New Brunswick added greatly to the felicity and to the success of the meeting, and the papers which they read stood on a high level of literary style and medical knowledge.

The hospitality extended to the members of the convention was most extraordinary and very successfully carried out. We cannot be too grateful to the members of the Aroostook and New Brunswick Societies for their wonderful hospitality as shown at the banquets at Fort Fairfield and at Woodstock, N. B.

In conclusion, we shall all look forward with great expectation to reading the printed reports of the delightful speeches delivered at these two banquets and to the annual account of the entire affair, highly successful as it was in every point of view, socially and medically.

J. A. S.

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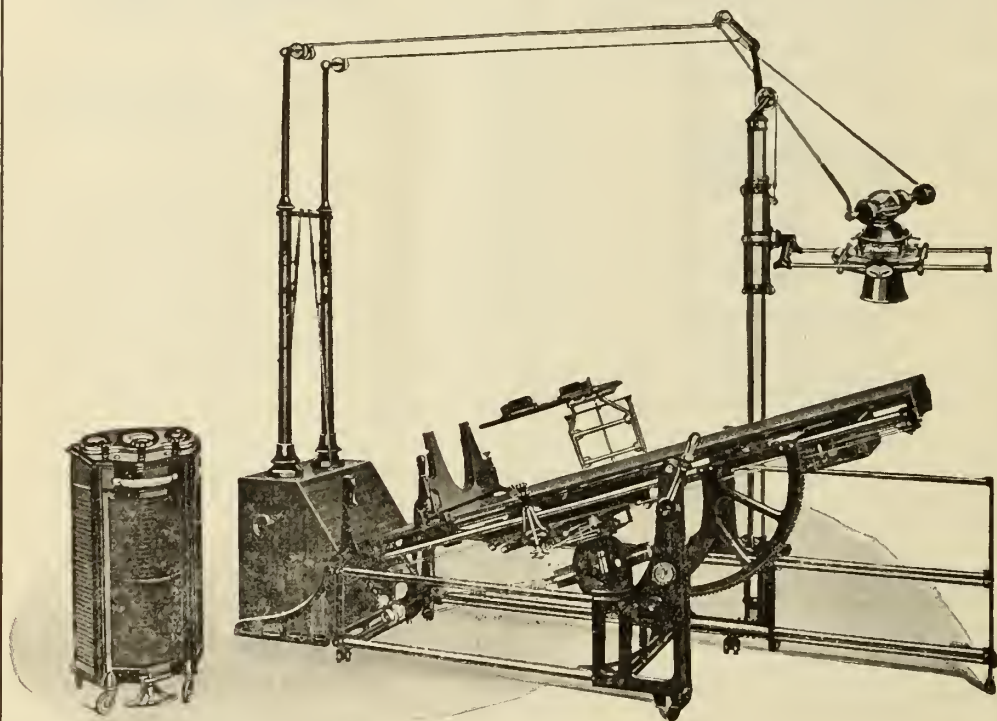
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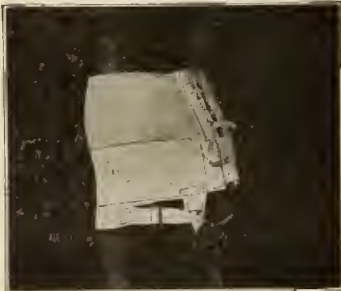
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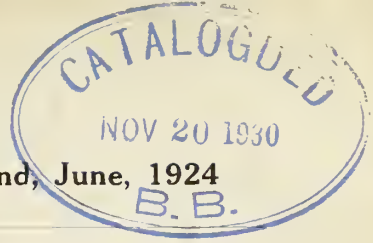
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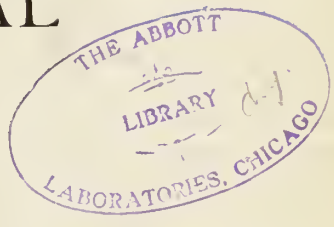


*July -*



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\*Deceased

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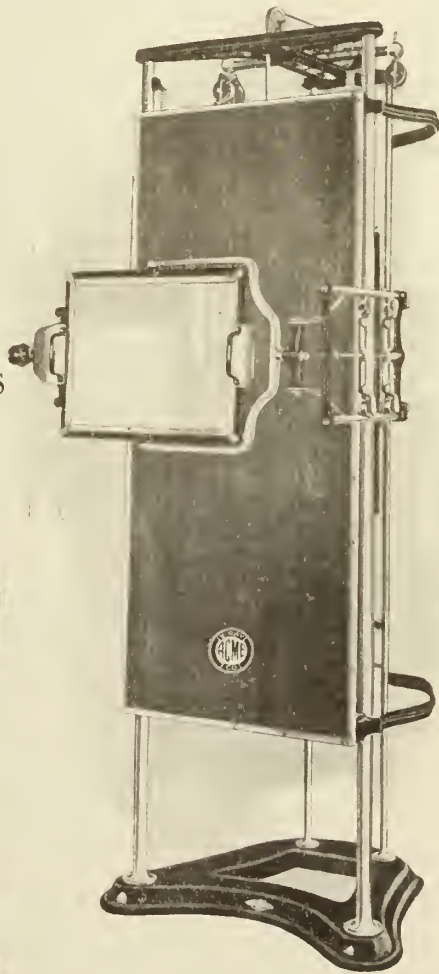
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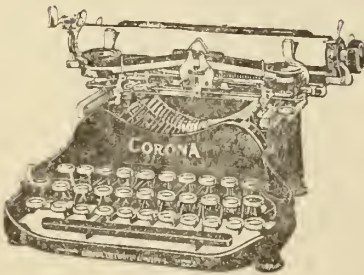
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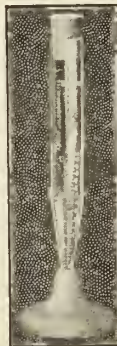
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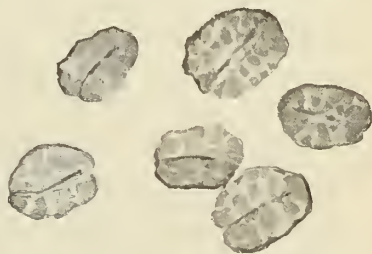
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### **\*THE PHYSICIAN OF THE FUTURE.**

EUGENE R. KELLY, M. D., State Commissioner of Public Health,  
Massachusetts.

#### I. INTRODUCTORY.

Let it be admitted at the outset that the title of this address is audacious. Prophecy is an occupation fraught with serious danger to the reputation of anyone working regularly at it. My only extenuation is that a public health administrator must constantly keep observing, weighing and passing judgment both upon definite developments and also upon tendencies as yet merely indicated in the field of medical progress. Such study is absolutely essential for wise, or even reasonably intelligent, planning of future public health policies. A sanitarian is forced to take cognizance of certain broad currents in the channels of clinical medicine sometimes before these currents are perceptible to those actively engaged in medical practice. This constitutes my apology for bringing to your attention on this occasion certain fugitive thoughts, as well as some carefully thought out convictions, on the future developments of medicine, a subject inherently of perennial interest to all members of our profession.

#### II. THE TRAINING OF THE PHYSICIAN OF THE FUTURE.

First comes consideration of the tendencies of training in the medical schools in the immediate future.

\* Read before the Maine Medical Association, June 3, 1923.



Without going into any detailed corroborative evidence, it is probably fair to say that for the past twenty-five years our medical schools have shaped their curricula more and more in the direction of emphasizing the specialties. More and more the attempt has been made to have the student master the principles of all of the ever multiplying specialties and to establish a bowing acquaintance, at least, with each new "instrument of precision" and each laboratory procedure developed in connection with each such specialty.

This process has reached and gone beyond the saturation point. Both students and deans of medical schools are in open revolt against the present scheme of medical education. Obviously there must be a lengthening of the course to six or more years, or a complete change in the underlying philosophy and procedures in medical education is inevitable. One of our great schools of medicine has recently come out boldly with the statement that their policy for the immediate future will be a return to the Hippocratic ideal of training the student's native powers of observation, of weighing of the facts elicited, and endeavoring to develop his judgment as to whether it is necessary or advisable to seek the advice of the specialist, with no attempt to turn out embryonic specialists in every aspect of medicine. Moreover the dean of this particular school assures me that they will, above all else, endeavor to train their future students to keep more in the foreground the patient himself to an extent that has not been done of late years. And I feel that this is typical of a change in all our medical school points of view. I believe we will witness in a sense a reversion to the ideals of a generation or two ago—less attempt to turn out encyclopedic authorities on all the nooks and corners of medicine's vast domain, more attempt to turn out sympathetic students of humanity.

### III. THE RECOVERY OF THE LOST PROVINCES OF MEDICINE.

This seems to be one of the definite jobs of the coming era in medicine if medicine is going to keep its grip upon the respect, regard and affection of the world at large. I can best illustrate what I have reference to by the phrase "lost provinces of medicine" by repeating a little anecdote told me by the venerable emeritus professor of medicine at Harvard, Dr. Fred Shattuck. He said that many years ago he was unfortunately detained in Marseilles, France, for a considerable time by serious illness in his immediate party. While there he was thrown into intimate contact for the time being with a wonderful French physician of the so-called "old school." From a consideration of the features of the particular case that brought them together they naturally went on to

an exchange of views as to the fundamental duties and obligations of the profession in general. In one of these conversations his French colleague broke out suddenly with this remark: "Ah, doctor! The province of the physician, what is it? The obligations of the physician to his fellows, what are they? To cure sometimes, to relieve often, to console always!" Dr. Shattuck said that abrupt penetrating remark has always remained a vivid memory, and he has become increasingly convinced with the passage of the years that the fundamental mistake of the profession to-day has been its absorption in the pursuit of the first of these three fundamental duties as defined by the old French physician to the neglect of utter exclusion of the other two. I am convinced that Dr. Shattuck is not merely right, as he nearly always is on a question of medical philosophy, but that his quotation actually goes right at the seat of most that now is admittedly out of joint in the relations of the physician to the rest of the community. Also, that it indicates the line of campaign that medicine must wage to recover its "lost provinces."

In the field of cure it needs no argument to demonstrate how much we have improved on the "fathers." Diphtheria antitoxin, aseptic surgery, salvarsan, insulin, and scores of other terms that come to your minds and are on your lips every day, bear witness to this fact. But when we come to the other two fundamental obligations that the wise old French physician coupled with cure, and as of equal significance, "to relieve often, to console always," come, let us be honest about the matter for a few minutes. Reflect, and then answer candidly, whether the rise of osteopathy and its imitators, and their growing hold upon our fellow citizens, or the rise of Christian Science and its imitators, and *their* growing vogue, really indicate increasing lack of intelligent discrimination relative to the correct methods of attending to their morbidity problems by our fellow citizens, so much as they indicate a failure on the part of the profession to hold fast to the doctrine of the "fathers" that it is of as much importance and equally as mandatory upon the physician to utilize all methods of relief, functional stimulation, psychic comfort and suggestion that can possibly be brought to bear upon the problem of the individual patient as it is to attain a cure when that is possible. Moreover, that when all these have reached their limit there still remains the supreme duty of consolation, of strengthening the spiritual resources of our patients even in the face of the inevitable, not in the sense of orthodox religious consolation, but in striving to build up in the soul of every patient something of that marvelous spirit manifested by the late Franklin Lane as he was facing the supreme problem of every human being. I predict that medicine of the future will come

back and claim for its own the fields of alleviation and spiritual consolation just as the old family doctor of the past always did. But in his case he did it instinctively, unobtrusively, utilizing all the great potentialities for good in palliative, psychic and spiritual measures that he could lay his hands to, without dreaming of starting a new healing cult or a new religion in order to call dramatically to the world's attention the possibilities in such procedures.

#### IV. THE PHYSICIAN OF THE FUTURE A PRACTITIONER OF PREVENTIVE MEDICINE.

One other thing in reference to the medicine of the future that seems more certain to come to pass than any other probable or likely development is the shift of emphasis to preventive in contrast to curative principles, not merely in public or community matters, but equally so in private practice. The function of the practitioner will largely become that of supervising well people. It will be the job of the physician in private practice to check up on the state of physique and dietary habits of his patients, and to carry out measures for the correction of acquired or congenital defects at their earliest stages of detection. He will do this, not so much because he deliberately plans for it as because the tendency of the times insists upon a more anticipatory system of combating actual illness, or even threatened breakdown of physiological functioning. In other words, I firmly believe that the great public is slowly making up its mind along these lines, and, as public sentiment becomes more definitely crystalized, that the practitioners of clinical medicine will be given only Hobson's choice in this regard. They will have to take on as an every-day function the active practice of preventive medicine on a private fee basis or else this bugaboo of state medicine will become a reality. I mean by "state medicine" the active supervision of general practitioners by government, with at least a part of their compensation regulated, adjusted and fixed by government in return for professional services rendered along preventive medicine lines under the orders of government. Personally, I look with apprehension upon any such possible development of medicine in this country, but I am convinced that the immediate future will see one thing or the other—either a more intelligent consideration of the fundamentals of preventive medicine by physicians generally, and the application of its principles to private practice, or a constantly increasing encroachment by government in the field of *private* practice as this is now understood.

## V. CLINICAL MEDICINE ALREADY ENTERING THE PREVENTIVE MEDICINE PHASE

To supplement the contention just made in reference to the swing of private medical practice towards the preventive field, I wish, in conclusion, to call to your attention certain features of clinical medicine of to-day that point out quite clearly the direction in which we are traveling. I will utilize for this purpose a portion of the conclusions arrived at by a Committee on Relations of Medical Men and Health Officials of the Conference of State and Provincial Health Authorities of North America, of which I chance to be one member, and whose conclusions I am, therefore, at liberty to quote freely without laying myself open to gross plagiarism. In reference to what constitutes the field of medicine today we found and reported the following. I leave it to each one of you to answer for yourselves how much more the preventive note will be sounded in the private practice of medicine of tomorrow.

Medicine as it is practised today by the rank and file of the medical profession concerns itself more especially with the diagnosis and treatment of diseases that have advanced to a stage where they incapacitate the afflicted and interfere with productive efficiency or the enjoyment of life. Most of these diseases occupying the time and thought of the medical profession have reached what Sir James MacKenzie classifies as the "advanced stage," and many have approached the "final stage"; few diseases, relatively speaking, are treated by the profession in the "early stage," and fewer still in the "predisposing stage."

Nevertheless, it is true that the medical profession to-day is giving more treatment for diseases that are in the early stage and to patients who are predisposed than ever before. There is a strong, irresistible, unceasing current in medicine to move from the obviously pathological toward the more physiological conditions of life. This tendency of medicine to find its patient before irreparable damage has been done and to treat disease in its more curable stages has been made possible (1) by a larger appreciation on the part of both physician and patient of the value of early treatment as contrasted with late treatment, this larger appreciation of early treatment having resulted from the greater emphasis that has been placed upon disease prevention as compared with the treatment of disease during the last thirty or forty years; and (2) by easier means for reaching the patient because of (a) improved communication, telephones and roads, (b) improved transportation, automobile and electric car lines; and (3) enlarged hospital facilities with segregation of the sick.

In certain special fields of medicine this tendency of medical

thought and practice to emigrate from the pathological into the physiological phases of vital conservation is well under way. Medical textbooks teach that pregnancy is a normal state of being, but medicine has taught for years that every pregnant woman is entitled to and should have medical care in order to anticipate, treat and prevent dangers which threaten the expectant mother and her child. Infancy is also a normal state of being, but a state of being of enfeebled vitality, and a condition of life where danger threatens even more than in a normal pregnancy. The pediatricians in the more enlightened centers are now giving most of their time and thought to the care, not of pathological infancy but of physiological infancy. Medicine is now beginning to recognize and admit that adult life, especially adult life after middle age, is sufficiently liable to dangers which may be anticipated and prevented to justify and require general periodic medical oversight. It is very clear, then, that the field of medicine is rapidly enlarging itself to include not only treatment of present disease but anticipatory treatment of disease liability. Anticipatory treatment has for its motive and purpose prevention; it is prevention.

Prevention is much newer as a practice than as an ideal in medicine. Medical ideals, the larger objectives of the profession have always been the prevention of disease. The pride of the profession, the respect in which the public holds it, the distinction which it has over the cults is that through its discoveries and their application small-pox and typhus and yellow fever have been banished and diseases in general have been greatly reduced: the efficiency and happiness of life and longevity have been definitely and measurably advanced. The "Principles of Medical Ethics," embodying a statement of principles and ideals of the organized medical profession of the United States, in chapter three, relating to "The Duties of the Profession to the Public," specifically and urgently advised the members of the profession to take an active and advanced position in their communities, their states and their nation in proposing legislation for disease prevention, in supporting officers for the enforcement of such legislation, and in every possible way preventing disease in the interest of the public welfare.

To summarize, the field of medicine, in both its practice and its claims, insists and rightly insists, on including within its activities both the cure and the prevention of disease, and the unmistakable tendency in medicine is to increase its work in the prevention of disease as compared with its work in the treatment of disease.



**\*ADDRESS OF PRESIDENT SNIPE.***Members of the Maine Medical Association:*

"The purposes of this association shall be to federate and bring into one compact organization the entire medical profession of the State of Maine, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition, and to enlighten and direct public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life."—*Constitution, Art. 2, Maine Medical Association.*

We frequently hear the political slogan "Back to the constitution," and it may be well from time to time to give the same advice to the members of this association. Why are the physicians of Maine organized? The practice of medicine is so highly an individualistic profession that we are in danger, as we do our daily work, of losing something which may make us happier as well as better men. To avoid this loss we are bound together in this society, which has many possibilities if we will but use them. The purposes of the association, as they appear in the constitution, are so many that each individual member may find something in which he may lead his fellows, while at the same time he may assist in all the necessary objects. Each man excels in some direction, it may be in scholarship, in tact, in organization or in good fellowship, and if he will give that one thing to his society our progress will be phenomenal. Each county society has its own characteristics. Some excel in one thing and some in another; conversely, some are deficient in one thing and some in another. During the past year I have had the pleasure of visiting eleven counties, and practically in all I found an earnest wish to learn just what organized medicine was doing. The individual physician knew what his own county society was doing and he wanted to be linked up with the other counties of the state. This is a most healthy condition and promised much, always providing that each man is willing to do his part. Of course this feeling was apparent in the members who attend the meetings. There is always the problem of the man who will not attend, and just as the preacher

\* Read before the Maine Medical Association, June 5, 1923.

makes his appeal to those who need it least, so the officers of our society speak to those who know as much or more than they. The member of the county society who receives neither intellectual nor social profit from a meeting is a most unfortunate individual, for he loses much that every practitioner needs. As we read the highly altruistic statement of the purposes of our association it should stimulate every member to have the same high aim.

The semi-annual meeting of the Councilors and County Secretaries is a most valuable means of bringing to the various societies the results of the interchange of thought that those meetings afford, but here, again, the individual member must not let the Secretary of his county do all the work. Maine has probably the best Secretary of any state in the union, and he has done more for organized medicine than can be measured except by the highest standards. His labors should be a challenge to the rest of us, and we should imitate as well as praise him.

During the past winter the action of the legislature on several bills concerning the healing art should afford physicians serious thought. The mind of the public and the mind of the physician do not run along parallel lines. Take the bills concerning two cults. These bills were considered by a committee composed of ten lawyers, each of whom, I believe, would call a physician if ill. One would suppose they would naturally be favorably inclined towards us. One bill was reported unanimously and the other eight to two against our advice. In my opinion they were simply trying to be fair. The medical registration act is regarded by them, and by the public at large, as being a law to aid the physician. The fact that the only reason for such a law is the public good does not at all appear to the average layman. We, as physicians, have never properly instilled that idea into the public mind. If the physician has a law to elevate the standard of the profession it seems perfectly reasonable to the ordinary man that other practitioners of the healing art should have a similar one. That a system of practice endangers the public seems to the legislator only an excuse of one who fears that that system may endanger his income. The members of the profession who appeared at those hearings were there only as citizens with a special knowledge, but that idea absolutely could not be conveyed to that committee. It does not make a particle of difference whether or not a cult has a state board so far as our professional interest is concerned. The same proportion of the public will go to the irregular practitioner, whether or not he has a license. These irregular practitioners are as old as history and human nature does not change very much from century to century.

We must choose, then, one of two courses. We must educate the public to demand a certain amount of education in practitioners, of whatever name, or we should let any cult who desires have a board without opposing it. Unless we can make the public see the need of having educated men as practitioner of the healing art we would appear in a far more dignified light by keeping away from the legislature altogether. If the public are to be taught what is really needed every physician must be a teacher, for no body of officers nor any committee can do the work alone. It is safe to say that each member of this association believes in organized medicine, but organization does not relieve the physician of his individual duty. On the contrary, it emphasizes it, for he works not only for his own good but for the good of all his brothers. In this particular matter he has an especial opportunity to perform a high civic duty, which, after all, is one of man's greatest obligations.

In the line of public education much emphasis is put these days on the fact that drugs are only a part of the physician's armamentarium and other practitioners of the healing art are practitioners in a limited way only. That is absolutely true, but such arguments, when used in the way of public education, should never belittle drugs. Since the war every layman knows about syphilis, for example, and the fact that such a disease can be cured only by drugs should make us show that we are proud that we are not numbered with the drugless healers. We should make the public understand that by being doctors of medicine we have a knowledge of drugs and all other therapeutic measures. We thereby become qualified to advise them on all matters of health and healing, and as citizens, not alone as physicians, are intent on performing our duty to society at large.

In recent years it has become more and more common for public-spirited citizens to unite in organizations for welfare or public health work. The result has been that many states have societies whose work overlaps, with much resulting waste or friction. We are fortunate in this state in having the Maine Public Health Association controlling all volunteer activities. The result has been a sane and orderly program, in which the advice of the physician has been freely sought and readily granted. The association, therefore, should have the aid and encouragement of every physician in the state. With the State Board of Health, the Maine Public Health Association and the Maine Medical Association acting together, the best interests of the public are carefully conserved. The Androscoggin County Medical Society, acting with these organizations, gave us a most successful clinic at Lewiston, from

which both physicians and health workers received much benefit. Every agency which tends to bring the physician and health worker together should be utilized. Co-operation is absolutely necessary for the good of the public and the peace of mind of the physician and health worker. Health promotion in its present organized way is so relatively new that we are not yet adjusted to it. The more we get together the sooner will this adjustment come. That is the reason for the new Committee on Public Relations, which each county society was asked to appoint. Its name implies its duties, which will become more and more important each year. Through that committee organized medicine bears the same relation to society that the "old style family physician" had to his patient.

The governor of New York this spring called into conference representatives of the State Medical Society to consider the health problems of that state. Their recommendations he submitted to the legislature in so far as legislation was expedient. Such recognition by the Chief Executive of a state is as gratifying as it is unusual, but its approval by the lay press shows that after all the public, or at all events some of the public, have a deep understanding of health problems. Governor Smith utilized not only the knowledge of his health department, but also that of the practicing physician, each supplementing the viewpoint of the other. This method of considering public health has so much to commend it that governors of other states may, from time to time, adopt it if they realized it is popular with their constituents. This is, of course, a matter about which we can do nothing, but it is of interest as showing that sometimes the practicing physician is recognized by those in high places.

At the risk of being invidious there is one officer of this association whose labors deserve especial praise. It is a most difficult task to present the life of a deceased member in such a way that he appears as a person who, in the flesh, had an individuality peculiarly his own. To have the ability to do this requires the spark of genius, and we all take pride in the fact that our necrologist has this divine touch. To Dr. James A. Spalding the thanks of this association are due for the tireless energy and supreme ability by which he makes those members who are dead still live. Those who have fought the good fight and finished their course could have no higher recognition than to have their faith recorded by our necrologist's matchless words.

In these concluding hours of my term of office, my appreciation of the honor you conferred upon me when you elected me your President becomes greater and greater. The year has been a busy but a delight-

ful one, and I sincerely thank you for the opportunities which you gave me of knowing you better and of recognizing, in a higher degree, the merits of my medical colleagues. Let us all take to ourselves those words written nineteen hundred years ago for a different purpose, but applicable in the fullest measure to us as members of this association:

"Let us hold fast the profession of our faith without wavering, and let us consider one another to provoke unto love and to good works: not forsaking the assembling of ourselves together, as the manner of some is." (Applause.)

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## *Correspondence.*

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BOSTON, June 13, 1923.

DR. BERTRAM L. BRYANT,  
265 HAMMOND STREET,  
BANGOR, MAINE.

Dear Dr. Bryant:—In line with your request made to me as we parted on the train the other day, I am submitting herewith my expense account for the Maine trip.

Incidentally, may I express my appreciation to you, as Secretary of the society—and I would esteem it a great favor if you would pass this along to Dr. Snipe and other members of the Committee—my pleasure in the manner in which this general meeting of the Maine and New Brunswick medical societies was carried out. Not only were the scientific papers of a very high grade of excellency, but it seems to me the efforts for entertainment that the Aroostook County Society went to to assure everyone that the social features of the meeting were a success were most unusual and in a very real sense just as useful a contribution toward the cause of medical organization and better feeling among medical men as the scientific program. I also felt that the spirit shown by the public officials and citizens generally of the various towns in Aroostook County and the town of Woodstock, New Brunswick, which participated in entertaining the association, was most unusual and commendable. Among all of the towns, of course, the



town of Fort Fairfield deserves special mention for the way a town of that size handled so large a dinner last Tuesday night.

Sincerely yours,

EUGENE R. KELLEY,  
*Commissioner of Public Health.*

PORTLAND, ME., June 23, 1923.

TO THE EDITOR OF THE JOURNAL:

Will you please, once more, allow me space, that I may bring a matter of considerable importance to the attention of the medical men of this state?

I ask each practitioner of medicine in Maine to consider himself a "committee of one" to report instances where "summer doctors" are practicing in camps and other localities without a license from this Board.

It is not fair to the all-the-year-round, licensed and registered physician to allow these "private" doctors to come into Maine for the summer and practice medicine. They MUST be registered before they can hold themselves out as practitioners of medicine.

I have recently had reported three cases of this kind, and I am pleased to co-operate with any physician who will tell me the name of any unlicensed man who enters into competition with him, during the summer months, and to see to it that this practice is stopped.

We have been too lax in the past. Please aid the Board by reporting every case of this kind.

ADAM P. LEIGHTON, JR., M. D.,  
*Secretary, Board of Registration of Medicine.*

## *County News and Notes.*

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### AROOSTOOK.

#### AROOSTOOK COUNTY MEDICAL SOCIETY.

The annual meeting of the Aroostook County Medical Society was held at the Elks Club House, in Houlton, on the 6th day of June. The following physicians were present: Drs. Mann, Mitchell, Ward, Bennett, Chamberlain, Kalloch, Sawyer, Small, Boone, Gibson, Dickison, Sincock, Fulton, Gregory, Huggard, Doble, Bunday, Potter, Tarbell, Ebbett, Donovan and Hagerthy.

Dr. Chamberlain, the President, was in the chair.

The Secretary and Treasurer's reports were read and accepted.

The application of Dr. Rasairo J. Page, of Fort Kent, was read and referred to the Board of Censors, who reported favorably, and Dr. Page was elected to membership.

The following officers were elected for the ensuing year.

President—Dr. T. E. Bennett. Presque Isle.

Vice-President—Dr. F. L. Gregory, Caribou.

Secretary and Treasurer—Dr. J. G. Potter, Houlton.

Censors—Dr. A. L. Sawyer, Dr. H. E. Small and Dr. P. L. B. Ebbett.

Delegates to Maine Medical Association—Drs. Chamberlain and Bennett.

Legislative and Public Health Committee for the year—Drs. Mann, Kalloch, Mitchell, Dickison and Blaisdell.

There was no literary program, on account of the joint meeting of the Maine and New Brunswick Associations meeting in Houlton at the same time.

Voted to hold the next meeting in Presque Isle in October.

Voted, that the Secretary find out the number of members now carrying insurance in the Hartford Company and report at the next meeting.

Adjourned.

DR. F. E. BENNETT,  
*Secretary.*

## KENNEBEC.

**KENNEBEC COUNTY MEDICAL ASSOCIATION.**

The quarterly meeting of the Kennebec County Medical Association was held at the Augusta House, Augusta, May 22, 1923.

The meeting was called to order by the President, Dr. Ralph L. Reynolds.

The records of the previous meeting were read, and as there were no business matters to discuss, the entire evening was devoted to the program.

Dr. Fred B. Lund, of Boston, read a very interesting paper relative to acute abdominal conditions, the diagnostic points and indications for surgical treatment being chiefly considered. The points were well taken and the conclusions drawn from the observation of a large number of such cases. The various conditions were fully discussed by a majority of the physicians present.

Thirty-one physicians were present, twenty-six of whom were members of this society. Drs. Caza, Dascombe and Richardson, of the Somerset County Medical Society, were among the visitors.

HERBERT W. HALL,

*Secretary.*

**NEW AND NON-OFFICIAL REMEDIES.**

The following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-official Remedies:

Abbott Laboratories:

Amidopyrine—Abbott.

Amidopyrine—Abbott, Tablets, 5 Grains.

Epinephrin Chloride Solution—Abbott.

General Chemical Co.:

Sofos.

Eli Lilly & Co.:

Iletin (Insulin—Lilly).

Iletin (Insulin—Lilly)—H-10: 5 Cc. Ampules.

Iletin (Insulin—Lilly)—H-20: 5 Cc. Ampules.

Powers—Weightman—Rosengarten Co.:

Sulpharsphenamine Billon.

Sulpharsphenamine Billon, 0.1 Gm. Ampules.

Sulpharsphenamine Billon, 0.2 Gm. Ampules.

Sulpharsphenamine Billon, 0.3 Gm. Ampules.

Sulpharsphenamine Billon, 0.4 Gm. Ampules.

Sulpharsphenamine Billon, 0.5 Gm. Ampules.

Sulpharsphenamine Billon, 0.6 Gm. Ampules.

KENNEBEC COUNTY MEDICAL ASSOCIATION.

***Members of the Maine Medical Association.***

President—C. A. Moulton, Hartland. 1st Vice-Pres.—E. G. Stetson, Brunswick.  
 President-Elect—F. W. Mann, Houlton. 2nd Vice-Pres.—G. T. Pratt, Farmington.  
 Sec. and Treas., B. L. Bryant, Bangor.

**ANDROSCOGGIN.**

Andrews, S. L., Lewiston	Irish, H. L., Turner
Barrell, D. A., Auburn	Ladouceur, W. J., Lewiston
Beckler, W. B., Auburn	Langelier, E. H., Lewiston
Bolster, W. W., Lewiston	Leathers, E., Auburn
Buker, E. B., Auburn	LeBel, F., Lewiston
Call, E. V., Lewiston	Marston, E. J., Auburn
Chaffers, W. H., Lewiston	Miller, H. R., Lewiston
Chenery, F. L., Jr., Monmouth	Morin, P., Jr., Lewiston
Cobb, A. A., Auburn	Norton, C. E., Lewiston
Cunningham, C. H., Auburn	O'Connell, G. B., Lewiston
Cushman, B. G. W., Auburn	Peaslee, C. C., Auburn
Desaulniers, J. E., Lewiston	Pelletier, J. J., Lewiston
Dumont, L. J., Lewiston	Pennell, E. J., Hopedale, Mass.
Dupras, J. E., Lewiston	Pierce, E. F., Lewiston
Emmons, G. P., Lewiston	Plummer, A. W., Lisbon Falls
Fahey, W. J., Lewiston	Poulin, J. E., Waterville
Fitzmaurice, T. J., Lewiston	Pratt, H. S., Livermore Falls
Garcelon, A. M., Lewiston	Rand, G. H., Livermore Falls
Garcelon, H. W., Lewiston	Randall, R. M., Lewiston
Garcelon, W. S., Lewiston	Renwick, W. J., Auburn
Gauvreau, H. L., Lewiston	Roy, L. O., Lewiston
Gerrish, L. P., Lisbon Falls	Russell, B. W., Lewiston
Giguere, E. N., Lewiston	Russell, D. F., Leeds
Gilbert, J. W., Litchfield	Sawyer, S. E., Lewiston
Girouard, J. A., Lewiston	Small, R. M., Auburn
Goodrich, E. P., Lewiston	Scannell, F. L., Lewiston
Goodwin, R. A., Auburn	Smith, R. I., Auburn
Grant, A., Jr., Lewiston	Sprague, O. A., Turner
Hall, L. F., Auburn	Sturgis, J., Auburn
Hanscom, O. E., Green	Twaddle, G. W., Auburn
Haskell, W. L., Lewiston	Wakefield, F. S., Lewiston
Hawkins, W. H., Lewiston	Webber, W. E., Lewiston
Hayden, L. B., Livermore Falls	Williams, C. E., Auburn
Higgins, E. C., Lewiston	Wiseman, R. J., Lewiston

**AROOSTOOK**

Bates, E. C., Houlton	Ebbett, P. L. B., Houlton
Beal, G. N., Caribou	Fazenbaker, A. J., Caribou
Bennett, F. E., Presque Isle	Fulton, A. J., Blaine
Blaisdell, E. R., Mapleton	Gibson, W. B., Houlton
Boone, S. W., Presque Isle	Gilbert, Percy E., Ashland
Boone, Stover W., Presque Isle	Graves, R. A., Presque Isle
Brown, M. J., Mars Hill	Gregory, F. L., Caribou
Bundy, H. C., Bridgewater	Hagerthy, A. B., Ashland
Carter, L. F., Presque Isle	Hammond, H. H., Van Buren
Chamberlain, W. G., Fort Fairfield	Harmon, C. H., Caribou
Damon, A. H., Limestone	Hill, F. O., Monticello
Dickerson, T. S., Houlton	Huggard, L. H., Limestone
Doble, E. H., Presque Isle	Jackson, F. H., Houlton
Dobson, H. L., Presque Isle	Johnson, J. S., Mars Hill
Donovon, J. A., Houlton	Kallock, H. F., Fort Fairfield

Kilburn, F., Presque Isle  
 Kinney, B. O., Mars Hill  
 Larrabee, F. F., Washburn  
 Mann, F. W., Houlton  
 Mitchell, F. W., Houlton  
 Potter, J. G., Houlton  
 Sawyer, A. L., Fort Fairfield  
 Schneider, G. A., Island Falls  
 Sincock, W. E., Caribou

Small, H. E., Fort Fairfield  
 Tarbell, F. W., Smyrna Mills  
 Therriault, L. S., Van Buren  
 Thomas, C. F., Jr., Caribou  
 Upham, G. C., Caribou  
 Upton, G. W., Sherman  
 Ward, P. M., Houlton  
 White, W. W., Houlton  
 Williams, C. E., Houlton

## CUMBERLAND

Abbott, E. G., Portland  
 Adams, Eva A., Brunswick  
 Allen, J. H., Portland  
 Alward, M., Portland  
 Anderson, W., Portland  
 Andrews, E. H., Brunswick  
 Austin, S. K., Portland  
 Baker, C. A., Portland  
 Baldwin, A. K., Portland  
 Barker, E. E., Portland  
 Bates, G. F., Yarmouth  
 Beach, S. J., Portland  
 Bennett, J. L., Bridgton  
 Bickmore, H. V., Portland  
 Black, R. P., Peaks Island  
 Blake, J. P., Harrison  
 Bowers, J. W., Portland  
 Bradford, W. H., Portland  
 Brock, H. H., Portland  
 Brown, F. I., South Portland  
 Brown, L. A., Portland  
 Burr, Chauncy R., Portland  
 Burrage, T. J., Portland  
 Carmichael, F. E., Portland  
 Caswell, C. O., Portland  
 Clark, A. U. F., Portland  
 Clark, R. H., Portland  
 Cleveland, H. H., Portland  
 Clough, D. J., Portland  
 Connellan, J. W., Portland  
 Cousins, W. L., Portland  
 Couturier, A., Westbrook  
 Cragin, C. L., Portland  
 Cummings, E. S., Portland  
 Cummings, G. O., Portland  
 Cumston, C. H., Brunswick  
 Davis, G., Portland  
 Davis, H. E., Portland  
 Davis, J. L., Portland  
 Davis, P. W., Portland  
 Derry, L. A., Portland  
 Devereux, F. G., Portland  
 Drake, E. H., Portland  
 Driscoll, D., Portland  
 Drummond, J. B., Portland  
 Dunn, B. F., Portland  
 Dyer, H. L., East Parsonsfield  
 Dyson, W. W., Portland  
 Elliott, G. M., Brunswick  
 Elwell, W. E., Portland

Emery, H. S., Portland  
 Everett, H. J., Portland  
 Ferguson, F. A., Portland  
 Ferren, F. L., Portland  
 Fickett, J. P., Naples  
 Files, E. W., Portland  
 Fisher, S. E., Portland  
 Fogg, E., Portland  
 Folsom, E. B., Portland  
 Foss, C. W. P., Brunswick  
 Foster, B. B., Portland  
 Foster, C. W., Portland  
 Foster, T. A., Portland  
 Freeman, W. C., Standish  
 Geer, G. I., Portland  
 Gehring, E. W., Portland  
 Gilbert, F. Y., Portland  
 Goodhue, R. F., Portland  
 Gould, A. L., Freeport  
 Gray, J. E., Portland  
 Hale, L. L., South Portland  
 Hall, E. S., Westbrook  
 Hamblen, H., Windham Center  
 Hamel, J. R., Portland  
 Haney, O. E., Portland  
 Hansen, N. C., Portland  
 Harper, I. D., South Windham  
 Haskell, A. W., Portland  
 Hatch, Lucinda B., Portland  
 Haynes, C. F., Gorham  
 Hebb, A. G., Bridgton  
 Hersom, Jane L., Portland  
 Hills, L. L., Westbrook  
 Holt, E. E., Portland  
 Holt, E. E., Jr., Portland  
 Hunt, C. H., Portland  
 Hyde, N. D., Freeport  
 Jamieson, J. G., South Portland  
 Jensen, W. C., Worcester, Mass.  
 Josselyn, R. B., Portland  
 Kimball, W. S. A., Portland  
 Knight, C. S., Portland  
 Kupelian, N. S., West Pownal  
 Lagerson, V. E., Westbrook  
 Lamb, F. W., Portland  
 Lambert, H., Brunswick  
 Leighton, A. P., Jr., Portland  
 Leighton, C. M., Portland  
 Lewis, Harriet M., Lancaster, Pa.  
 Lewis, P. P., Gorham



- Lewis, W. J., Freeport  
 Little, A. H., Portland  
 Lombard, H. A., Bridgton  
 Lombard, H. L., Presque Isle  
 Lombard, L. S., South Portland  
 Lougee, A. J., Fryeburg  
 Lupien, L., Westbrook  
 Mabry, I. E., Bridgton  
 MacVane, E. F., Portland  
 Mahoney, R. P., Portland  
 Mannix, D. M., Portland  
 Marshall, B. F., Portland  
 Marshall, L. B., Hebron  
 Marshall, N. M., Portland  
 McAleney, Jas. L., Portland  
 McDonough, Edw. J., Portland  
 Melnick, J., Portland  
 Milliken, H. E., Portland  
 Mitchell, Alfred, Jr., Portland  
 Moore, R. B., Portland  
 Moran, Wm., Portland  
 Moulton, A. W., Portland  
 Moulton, Henry M., Cumberland Center  
 Moulton, Willis B., Portland  
 Moulton, W. Bean, Portland  
 Nichols, Estes, Portland  
 Northcott, Edwin M., Portland  
 Noyes, Elmon J., Lovell  
 O'Neill, Jas. B., Portland  
 Oram, Julius C., South Portland  
 O'Sullivan, T. J., Portland  
 Palmer, C. A., Brunswick  
 Parker, Chas. F., North Windham  
 Patterson, H. J., Portland  
 Peters, Clinton N., Portland  
 Pingree, H. A., Portland  
 Pletts, Robert C., Brunswick  
 Poore, L. H., Webb Mills  
 Potter, J. L., Portland  
 Powell, L. L., Portland  
 Pudor, Gustav A., Portland  
 Ridlon, B. D., Portland  
 Robinson, C. M., Portland  
 Robinson, Edward F., Portland  
 Robinson, W. W., Portland  
 Rogers, J. K. P., South Portland  
 Roy, Geo. J., Brunswick  
 Sanborn, J. T., Portland  
 Scamman, C. S., Portland  
 Searle, Frank W., Portland  
 Shanahan, W. H., Portland  
 Shaw, Abner O., Portland  
 Shedd, Geo. H., North Conway, N. H.  
 Shedd, John Z., North Conway, N. H.  
 Skillin, Waldo T., South Portland  
 Small, H. W., Portland  
 Small, Richard D., Portland  
 Smith, Chas. D., Portland  
 Smith, Frank A., Gorham  
 Smith, Owen P., Portland  
 Sollima, E. L., Portland  
 Somers, P. E., Portland  
 Spalding, Jas. A., Portland  
 Stetson, E. G. A., Brunswick  
 Stilphen, H. L., Portland  
 Sturgis, John I., New Gloucester  
 Sturdivant, G. L., Yarmouth  
 Swasey, Geo. B., Portland  
 Swift, H. M., Portland  
 Sylvester, Chas. B., Harrison  
 Tetreau, Thomas, Portland  
 Thaxter, Langdon T., Portland  
 Thayer, Addison S., Portland  
 Thayer, Augustus S., Portland  
 Thombs, S. B., Portland  
 Thompson, P. P., Portland  
 Tibbetts, G. A., Portland  
 Tobie, Walter E., Portland  
 Twitchell, H. F., Portland  
 Upham, R. C., Portland  
 Vanamee, T. O., Portland  
 Vosburgh, S. E., West Pownal  
 Walsh, W. S., Providence, R. I.  
 Warren, Mortimer, Portland  
 Warren, S. P., Portland  
 Webber, M. A., Portland  
 Webber, Merlin G., Portland  
 Webster, Fred P., Portland  
 Weeks, DeForest, Portland  
 Welch, F. J., Portland  
 Wescott, C. P., Portland  
 Wheat, F. E., Westbrook  
 White, L. R., Portland  
 Whitney, H. R., Portland  
 Whittier, Frank, Brunswick  
 Witham, A. N., Westbrook  
 Woodman, Geo. M., Westbrook  
 Woolf, J. R., Portland  
 Wyman, Thos. C., Portland

## FRANKLIN

- Bell, C. W., Strong  
 Coburn, G. H., Rangeley  
 Cartland, J. E., Kingfield  
 Currier, E. B., Phillips  
 Floyd, A. E., New Sharon  
 Higgins, E. C., removed to Lewiston  
 Makepeace, T. E., Farmington  
 Moulton, John, Stratton  
 Nichols, J. W., Farmington  
 Perkins, J. W., Wilton  
 Pratt, G. L., Farmington  
 Ross, A. M., Farmington  
 Toothaker, B., Phillips  
 Trefethen, W. J., Wilton  
 White, V. O., East Dixfield  
 York, A. I., Wilton

## HANCOCK.

Babcock, H. S., Castine  
 Black, R. A., Sullivan  
 Bliss, R. V. N., Blue Hill  
 Gage, I. B., Atlantic  
 Gibbs, C. H., Ellsworth  
 Grindle, J. L., Northeast Harbor  
 Hagerty, A. C., Ellsworth  
 Herrick, F. S., Brooklin  
 Higgins, R. G., Bar Harbor  
 Hodgkins, L., Ellsworth  
 Knowlton, C. C., Ellsworth  
 Littlefield, O. A., Blue Hill

Morrison, C. C., Bar Harbor  
 Morrison, C. C., Jr., Bar Harbor  
 Morrison, E. J., Bar Harbor  
 Neal, G. A., Southwest Harbor  
 Noyes, B. L., Stonington  
 Parcher, A. H., Ellsworth  
 Patten, J. H., Bar Harbor  
 Phillips, J. D., Southwest Harbor  
 Wakefield, R. W., Bar Harbor  
 Wardwell, M. A., Penobscot  
 Wasgatt, C. E., Deer Isle  
 Woodruff, H. L. D., Ellsworth

## KENNEBEC.

Abbott, H. W., Waterville  
 Alexander, G. W., Gardiner  
 Badger, F. H., Winthrop  
 Beane, C. E. H., Hallowell  
 Berube, D. T., Augusta  
 Bisson, N., Waterville  
 Boyer, E. W., Waterville  
 Bristol, L. D., Lansdowne, Pa.  
 Bunker, L. G., Waterville  
 Campbell, G. R., Augusta  
 Carter, F. R., Augusta  
 Chenery, F. L., Wayne  
 Clason, S. O., Gardiner  
 Cole, F. M., Gardiner  
 Coombs, G. A., Augusta  
 Coombs, G. H., Augusta  
 Cragin, D. B., Hartford, Conn.  
 Davies, O. C. S., Augusta  
 Dyer, C. W., Augusta  
 Farrell, C., Gardiner  
 Fish, E. P., Waterville  
 Frederick, H. J., Augusta  
 Goodrich, B. O., Waterville  
 Goodrich, M. S., Waterville  
 Goss, R. W., Litchfield  
 Gousse, W. L., Fairfield  
 Hall, H. W., Augusta  
 Hambleton, M. P., Los Angeles, Calif.  
 Hardy, T. E., Waterville  
 Harris, W. H., Augusta  
 Hendee, W. W., North Vassalboro  
 Hill, F. T., Waterville  
 Hill, J. F., Waterville  
 Hurd, B. P., Waterville  
 Jackson, E. H., Augusta  
 Kagan, S. H., Augusta  
 Kraus, D. P., Framingham, Mass.  
 Libby, A. B., Gardiner

Mann, L. L., Augusta  
 McKay, R. L., Augusta  
 Merrill, P. S., Waterville  
 Milliken, H. A., Hallowell  
 Milliken, J. S., Readfield  
 Newcomb, C. H., Clinton  
 Nutting, J. D., Jr., Hallowell  
 O'Connor, W. J., Augusta  
 Odione, J. E., Cooper's Mills  
 Paine, E. W., Waterville  
 Parizo, H. L., Waterville  
 Patton, F. J., Winthrop  
 Pitman, M. W. H., Riverdale on Hudson,  
 N. Y.  
 Poulin, J. E., Waterville  
 Price, W. N., Gardiner  
 Priest, M. A., Augusta  
 Rancourt, C. G., Waterville  
 Reynolds, R. L., Waterville  
 Risley, E. H., Waterville  
 Sanborn, W. B., Augusta  
 Shaw, A. A., Clinton  
 Shaw, J. F., Fairfield  
 Simmons, C. R., Oakland  
 Simons, R. D., Gardiner  
 Small, Morton M., Waterville  
 Strout, A. W., Gardiner  
 Strout, F. E., Gardiner  
 Stubbs, R. H., Augusta  
 Sturtevant, A. H., Augusta  
 Thayer, F. C., Waterville  
 Totman, V. C., Oakland  
 Towne, J. G., Waterville  
 Turner, O. W., Augusta  
 Tyson, F. C., Augusta  
 Williams, E. P., Sidney  
 Williams, H. E., Mt. Vernon  
 Young, A. G., Augusta

## KNOX

Adams, F. B., Rockland  
 Bartlett, F. O., Rockland  
 Belknap, R. W., Damariscotta  
 Brown, F. F., Vinalhaven  
 Campbell, F. G., Warren  
 Coombs, Geo. H., Waldoboro

Ellingwood, W. E., Rockland  
 Fogg, Neil, Rockland  
 Foss, Alvin W., Rockland  
 Frohock, H. W., Rockland  
 Green, A. F., Camden  
 Hadley, L. W., Union

Hall, W. X., Port Clyde  
Hart, W. F., Camden  
Hill, J. C., Rockland  
Hutchins, J. G., Camden  
Kellar, B. H., Thomaston  
Laughlin, J. W., Newcastle  
Leach, Chas., West Pownal  
Lyford, W. F., Vinalhaven  
Lyonburg, F., North Haven

North, Charles D., Rockland  
Plumer, H. H., Union  
Sanborn, J. W., Waldoboro  
Silsby, E. B., Rockland  
Spear, W. M., Rockland  
Stetson, E. F., Damariscotta  
Steward, C. W., Rockport  
Tweedie, H. V., Rockland  
Weidman, S. Y., Rockport

## OXFORD.

Alwood, H. F., Buckfield  
Bartlett, H. L., Norway  
Bicknell, Ralph W., Canton  
Binford, H. J., Mexico  
Bisbee, C. M., Rumford Falls  
Bradbury, B. F., Norway  
Farris, A. R., Oxford  
Fitch, H. F., Brownfield  
Gehring, J. G., Bethel  
Greene, J. A., Rumford  
Hammond, C. F., Paris  
Hanlon, O. L., Ridlonville  
Howard, H. M., Rumford  
Johnson, H. P., Rumford  
Littlefield, J. G., South Paris  
Marcou, L. B., Berlin, N. H.  
McCarty, E. M., Rumford Falls  
Moody, H. A., Rumford

Morse, F. W., Canton  
Nile, J. Abbott, Rumford  
Noyes, E. S., Rumford  
Noyes, L. F., Rumford  
Noyes, L. H., Rumford  
Pease, W. M., Dixfield  
Pettingill, O. S., Middleton, Mass.  
Rowe, Wm. T., Rumford  
Stanwood, A. S., Chicopee Falls, Mass.  
Stanwood, H. W., Rumford  
Staples, Ivan, Oxford  
Stewart, D. M., South Paris  
Sturtevant, J. M., Dixfield  
Sturtevant, Jas. S., Dixfield  
Thibadeau, J. A., Rumford  
Tibbets, R. R., Bethel  
Wheeler, F. E., West Paris  
Wight, I. H., Bethel

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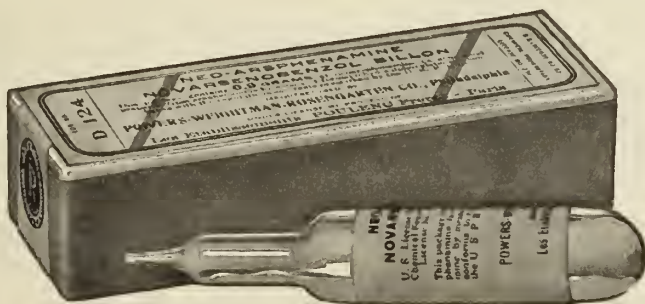
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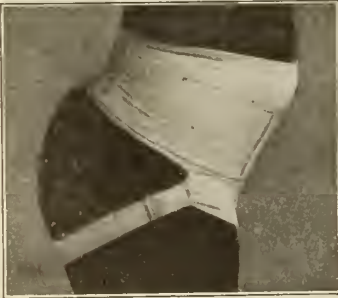
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